TO HOS

VR A15 (4) 1SM 9759

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9727

09696

# 1					
	1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased		befare admission)
/	Wienmien	MARYLAND	Maryland	Wicomico	
	b. CITY OR TOWN (If outside carporate limits, we	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ote limits, write RURAL and give	nearest town)
	RURAL and give nearest lown)	1 Wk	Salisbury		
	d. NAME OF HOSPITAL (If not it haspital, give si	reet address)	d. STREET ADDRESS		e. IS RESIDENCE
-	PeninguLAS.	eneralHos	ital 810 Camden A	ve.,	YES NO
	3. NAME OF SECRET STREET STREE	McNEILL Middle	BOLLES 4. DATE OF DEATH	Quaust	25-19 6 L
		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	4 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	YEAR IF UNDER 24 HRS. Trys Hours Min.
- 1	10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign cou	intry) 12. CITIZE	N OF WHAT COUNTRY?
1	during most of working life, even if retired) House Wife	Own Home	Pennsylvania	U	.S.A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	John McNeil		Susan Reid		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or doles of service)	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
	No -	None Mr	R. Herman Hodgson,	Same	
	18. CAUSE OF DEATH Enter only one cause p		1 0 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Cercles Va	scula acua	lent	ONSET AND DEATH
	DUE TO	201	_		
	Canditions, if any, which)	ft, but	1		
	gove rise to immediate	1 19 VI	and a single sin	A	
	lying cause last.	4 He west	esta Hest &	Lucaro	
	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
1	ATIC				PERFORMED? YES NO NO
1	200. ACCIDENT WAS UNDERLYING TI T206.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port	I! of item 18.)	The Direction
	OR CONTRIBUTING CAUSE OF DEATH				
	2	in the second se	ACE OF INJURY (Hame, form, 20f. (City story, street, office bldg., etc.)	or town) (Cau	inty) (Stote
	Hour a.m. 19 al	Vhile Not while twork of work	, and a stage of the stage of t	,	
	21. I certify that (I) (this hospital) at	tended the deceased from	1/20/55 10 10	8/25/6010	, that (I) (we) lost
-	sow the deceased alive on 812	5-160	leath occurred at 420 M, fram t	/ /	* * * * * * * * * * * * * * * * * * * *
1	22a. SICA URE	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	Beam occorred at E.M. Iram I	ne causes and on me c	22b. DATE
11	19 Cmm A	Shell	M.D. PHYS. DIRECTOR D	STAFF PHYS. 8-2	7-1960 SIGNED
П	20-PHYSICIAN'S		22d. ADDRESS	(1113.	.,-1/00
	Dr. Andrew C. Mit	chell	· 211 Maryland	Ave., Salisbu	ıry
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY O	R CREMATORY 23d. LOCATI	ON (City, tawn, ar county)	(State)
	REMOVAL (Specify) Burial 8-30-1960	St. Philips Ce	emetery Qua	ntico, Marylan	d
*	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D 8Y REGISTR	RAR 256. REGISTRAR'S SIGN	IATURE
	Hill & Johnson Co. Sal	isbury, M_ryland	DATE AUG 3 1 '6	a Catha Pt	K4
				A LAND LAND	U.S. M. M.

Almay Company Some Carlotter Carlotter Street, Sand Land On Some Ville Land Committee State St. St. that Aria - Deferm Descript (5) The property of the same of th acted to the continue of the c braker die gewicht nicht ausgebeit in Elife

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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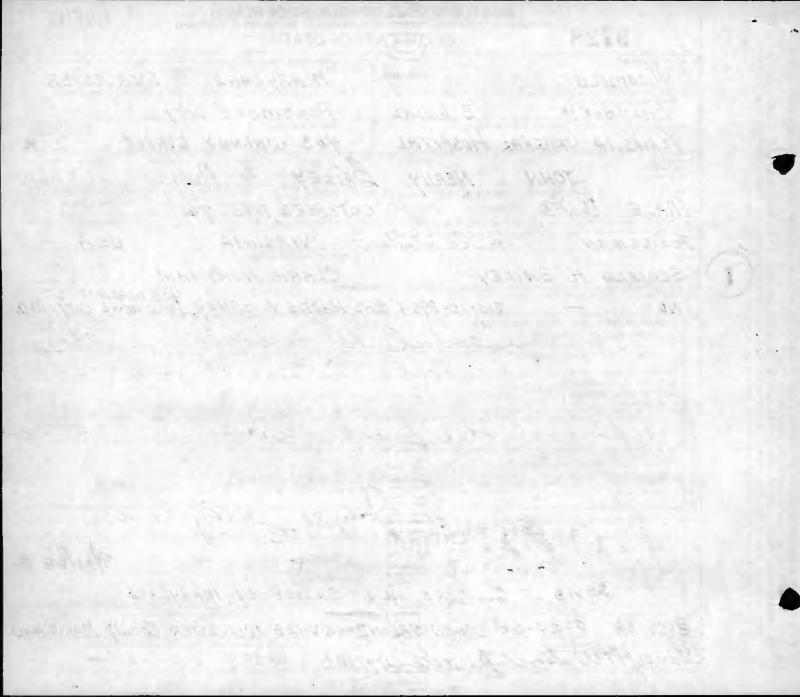
1	9728 CERTIF	ICATE OF DEATH
/	1. PLACE OF DEATH' a. COUNTY MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. STATE
	b. CITY OR TOWN (If outside corporate limits, write RURAF and give negrest lown) ALISBURY BEEK	
7	d. NAME OF HOSPITAL (If not in Hospital, give street address) OF INSTITUTION TENINS VIA TENERAL HOSPITA	d. STREET ADDRESS . e. IS RESIDENCE
	3. NAME OF DECEASED (Type or print) 3. NAME OF First Middle VIERLY VIERLY	BAILEY 4. DATE Month Day Year OF DEATH AUGUST 21 196
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	OCTOBER 6 1883 To yrs. Months Doys Mours Min
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE MAN POLICE DEPAR	ATMENT VIRGINIA USA
	SEWELL H. BAILEY	CLARA NORTHAM
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service) 2/3-10-3994	A MRS HATTIE V. BAILEY, POCOMOKE CITY, M
	18. CAUSE OF DEATH [Enter only one cause pet line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	interval between onset and death
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.	atriogelevores
	3 antiniascleratic A	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP. PERFORMED? VES NO [NO [
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter noture of injury in Port I ar Port 11 of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While of work at work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (StateClary, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an Sec. 1. 2019 60, and	from 1960 to Course and an the date stated above
	220. SIGNATURE	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. D
	PANE (Type) DAVID J, GILMORE,	22d. ADDRESS
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	

250. REC'D BY REGISTRAR DATEAUG 2 5 '60

Culling S. Krang

TO HOS CATENDING PHYSICIAN: The law requires that the death certificate be executed within ZIT—rus ofter death. Page 4 may be assisted by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled this y the funeral director. VR A1S (4) 15M 9/59



FOR HEAV SAUL delay is necessary, funeral director. Page TO DY I'V MEDICAL EXAMINER: This certificate shanld be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event with 72 hours after death. V

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9729 MEDICAL EXAM	AINER'S CERTIFICA	TE OF DEATH	09698
1. PLACE OF DEATH	2. USUAL RESIDE	NCE (Where deceased lived, If	institution: Residence before admission)
* Wicomic	MARYLAND A. STATE	vland b, coun	Worcester
b. CITY OR TOWN (if outside corporete limits, c. LENGTH		(If outside corporate limits, write	
write RURAL and give nearest town)	A Dom't	24 2	X-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	days Berl		I D. IS RESIDENCE
	"		ON A FARM?
Peninsula General Hospital	Route #	4. DATE Month	Day Year
DECEASED	Lasi	OF	
OCHO	Barnes	0.	-5-60 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER I	MARRIED 8. DATE OF BIRTH	9. AGE (In years lest birthday)	Months Days Hours Min.
11	vorced □ 9-22-19		
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSIN done during most of working life, even if refired)	ESS OR INDUSTRY 11. BIRTHPLACE (SH	ite or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Constru	etion Virgi	nia	USA
R. FATHER'S NAME	14. MOTHER'S MAID	N NAME	
Norfleet Barnes	Ada	Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFORMANT	Address	
Yes	Mrs. Alice	Barnes, Berl	Lin, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)			I INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-	-pneumonia-		ONSET AND DEATH
DUETO	paro sandram d		
	thyl alcohol po	igoning	3 days
gave risa to immediate cause	only I are one I po	Ta Outries-	Juaya
(a), steting the undarlying DUE TO			
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO THE TER	MINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING C CAUSE OF DEATH.	DEATH BOT NOT KEENTED TO THE TEXT	MINAL DISEASE CONDITION GIV	PERFORMED?
5			YES NO
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJU	JRY OCCURED. (Enter nature of injury in	and I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCU			(County) (State)
Hour a.m. While Not While at work at work at work	~		
21. I certify that I took charge of the remains describ	oed above, held an Autopsy	Inspection X Inquir	y X, and in my opinion
death resulted from: Natural causes . Acciden	t . Suicide . Homicid	e , Undetermined m	anner
	CHIEF MEDICA	L EXAMINER	
ACTUAL &	ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
SIGNATURE	M.D.	CAL EXAMINER	8-11-60
NAME (Type) Earl L. Rover, M. I	1	2 4 4 5	365
NAME (Type) Earl I. Royer M. I 228. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME (REMOVAL (Specify)	OF CEMETERY OR CREMATORY	22d. LOCATION (City, town	
Burial 8-10-60 Evers	green Cemetery	EC'D BY RESTRATION. RES	SMAR'S SIGNATURE
Thornton Jolley Salish	oury Md DATE	AUG 15'60 a	Thung S. Kraus

The second state of the second January 2001 Met abortoli rost roth Translation ! till tipe E wood Leddywal Length Alberta vi 00.27 gental P 1912 1922 1919 Constitution / Fundamen neckip deoffer all entitle tonker with the - A THE WHI - A CODO SO -graincaton todocta byddin etile. The same that I THE C. ROS IS, L.D. 10TH COMMENT STO. SETTINGERS. - .. THE STATE OF THE S English tolding the continues of the continues of

may be stoined by the hospital ar altending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

ours after death. Page 4

A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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- 17	J	O	9	A	Ť

					/
1.	PLACE OF DEATH		2. USUAL RESIDENCE (WH	nere deceased lived. If institution b. COUNTY	n: Residence before admission)
	Wicomico	MARYLAND	VITGINIA	B. COUNT	ccomac
		c. LENGTH OF STAY IN 1b		outside corporate limits, write RU	IRAL and give nearest town)
1	a LISBUTY		new (hurch	
	NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION	ddress)	d. STREET ADDRESS	200	e. IS RESIDENCE ON A FARM?
1-	eninsula gene	rah	Sta	837	YES NO
	NAME OF DECEASED Type or print) ANNIE W	Middle Box	VNEPIIILLa	4. DATE Month	Doy Year 1960
S. 5	EX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In/yeors lost birinday)	IF UNDER 1 YEAR IF UNDER 24 HRS
F	emale Negyo WIDOWED	DIVORCED [JAN. 22, 19	03 55 yrs.	Months Doys Hours Min.
10o	USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	LABOVEY H	ouse-Work	VIVAINI	14	U.S.A.
Ų 3.	FATHER'S NAME		14. MOTHER'S MAIDEN N	- / 4	
)	ElizAh MARSHAIL		mildred	Brought	01
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17. II	NFORMANT	Addre	955
	(If yes, give wer or dates of service)	-9-09-6313	James me	roshall-neu	church, UG
	18. CAUSE OF DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY:	for (o), (b), and (c).]	V		ONSET AND DEATH
	IMMEDIATE CAUSE (o)	reserve tack	W		48 hours
	59dx DUE TO	0 .			2
	Conditions, if ony, which) (b)	remun			
	gove rise to immediate DUE TO	1 41.0 =	A		2
	lying couse lost.	Lunu Nopacu	us .		
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAT	Me Herein	Gleding			YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING A 20b. DESCRIPTION (IF EITHER, NOTIFY MEDICAL EXAMINER)	RÎBE HOW INJURY O'S DURRE	D. (Enter noture of injury in I	Port I or Part II of item 18.)	
MEDICAL	43		ACE OF INJURY (Home, form lotory, street, office bldg., etc.	20f. (City or town)	(County) (State
MED	Hour o.m. While p.m. 19 of work	TAOL MULE	ciory, siteer, office blog., etc		
	21. I certify that (1) (this haspital) attende	ed the deceased from	8/17 10	60 108/22	, 1960, that (1) (we) last
	saw the deceased alive an 8122		die was been a seed of		d an the date stated above
	220. SIGNATURE	// Gas / Ging mgi (dediti occorred doze	m, main the couses diff	22b.DATE
	Doord (Fitness)		M.D. PHYS. M	ED. STAFF PHYS.	SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS	THE COLUMN	
	NAME (Type)				
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, o	r county) (Stote)
-	BEMOVAY (Specify) 8/28/60	Waydton	NN	Prosmoke	mie.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
-	Eder Whenton - no	W (huech		UG 26'60	smil & Prome
	- mary property - the	- Commen	DAIL DAIL		

TO HOS VR A1S (4) 15M 9/59 1752 231 3224 The state of the s POR ANDERS PART OFFE SOURCE VIOLETTE BY BY THE BY AND THE PERSON NAMED IN Brown with the second with the State of MAINTENAN CONTRACTOR I see the second of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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7	B. CITY OR TOWN (RURAL and give n	ruitland	rite c. LENGTH OF STAY IN 16	Marylan		merset
7	I NIAME OF HOER	TAI OF - at the bus Nation .	1 / 2 9		utside corporote limits, write RURA	L and give nearest town)
3	OR INSTITUTION		6 months	Grisfie	and 1 %	D TO DESIDENCE
3		ayward Ave.	inear dddress;	Laird A	ve.	e. IS RESIDENCE
	B. NAME OF DECEASED (Type or print)	First HARRIE	Middle TT EMMA	CATLIN	4. DATE Month	Day Year
5	S. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF L	St 4 19 6 INDER 1 YEAR] IF UNDER 24 F
	Female	2.71 2.4	DOWED DIVORCED	June 12, 186	7 lost birthdoy) Mc	onths Doys Hours Mit
ī	0a. USUAL OCCUPATION during most of wor None	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR IND	· ·	or foreign country) Somerset- Md.	2. CITIZEN OF WHAT COUNT
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	W:	Illiam Revell	0	Nancy	Bozman	
	S. WAS DECEASEDEVI (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		rs. Clarence B	yrdHayward Ave	Fruitland,
	Canditions, if a gove rise to cause (a), stating	mmediate (DUS TO	generaleza	arterio	clesion	ONSET AND DEA
100	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	D	caleto mo	lletus	NAL DISEASE CONDITION GIVEN S Port I or Port II of Item 18.)	N PART 1(0) 19. WAS AUTO PERFORMED YES NO
200	20c. TIME OF INJU Haur a.m. p. m.	70 V	Mod. INJURY OCCURRED 20e, In the last while the last work 200 at w	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.	20f. (City or town)	(County) (5
	21. I certify the	at (1) (this haspital) at	tended the deceased fram	death accurred 3 215	M, from the causes and a	19 60 , that (I) (we)
	22c. PHYSICIAN'S	lut 7.	Alphi	M.D. ATTENDING ME DII	ED. STAFF RECTOR PHYS.	6 Aug "
	NAME (Type)	William Adk	ins, M. D.	F	ruitland, Md.	
0 2	230. BURIAL, CREMATIC REMOVAL (Specify BUTIAL)	ON, 236, DATE THEREOF Aug. 6, 1960	23c. NAME OF CEMETERY Sunnyridge C		23d. LOCATION (City, town, or co	**
1 2	24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS sCrisfield, Md	2So. REC'I		R'S SIGNATURE

VR A15 (4) 1SM 9/59

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TO HOS

VS A15 (4) SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09791

, PLACE OF DEATH				Reg. Dist. No	·
o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (WHO STATE	b. COU	NTY	
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give negrest town) Dallsbury	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF a	y Land Liside corporate limits, wr bury	ite RURAL and give ne	arest fown)
d. NAME OF HOSPITAL (If not in hospital, give street or institution 408 Stewart.		d. STREET ADDRESS	ewart PL.		e. IS RESIDENCE ON A FARM YES NO
NAME OF First (Type or print) Gladys.	Middle M.	Collins	4. DATE OF DEATH	Month Do	y Year
77 7	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Febuary 17	9. AGE (In your lost birthd	oy) Months Days	1F UNDER 24 H Hours Mir
o. USUAL OCCUPATION (Give kind of work done It during most of working life, even if retired) Domes tic	Db. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN O	E WHAT COUNTI
FATHER'S NAME		14. MOTHER'S MAIDEN N	The same in the same of the sa	0.01	
Thomas Bevans		Leven	ia Pari	ker	. 11
	<u>u</u>	NFORMANT Engl Collins	1108 8%	Address PL	Wi - 940
Canditions, if any, which gove rise to immediate cause (a), stating the under-	verio sole	1097	Reart di		1
PART II OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELAJED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART I(a)	IP, WAS AUTOP PERFORMED?
/ (6)	ESCRIBE HOW NURY OCCURREN	ation			IP, WAS AUTOP PERFORMED? YES NO
PART II OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Day, Year Haur o. m.	ESCRIBE HOW NJURY OCCURRED 20e. PL	ation	Part I ar Part II of item 18	.) (County)	PERFORMED? YES NO
PART II OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW NJURY OCCURRED INJURY OCCURRED Ide Not while of work of	C. (Enter noture of injury in	Part I ar Part II of item 18 , 20f. (City ar town))	(County)	YES NO
PART II OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Whort or m. p. m 19 of the condition of th	ESCRIBE HOW NJURY OCCURRED INJURY OCCURRED Ide Not while of work of	CE OF INJURY (Home, form tary, street, affice bldg, etc.) 1960, ta 600 accurred at 8 300 accurred at	Part I or Part II of item 18 20f. (City or town) Marram the causes ADDRESS (Street, city or town) Curant	(County) (County) (County) (County) (County) (County)	YES NO
PART II OHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Whour o. m. p. m 19 of the condition of the c	ESCRIBE HOW NJURY OCCURRED INJURY OCCURRED A Not while for work of w	C. (Enter noture of injury in ACE OF INJURY (Home, form trary, street, affice bldg, etc.). 1960, ta accurred at 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Part I or Port II of item 18 20f. (City or town) Martam the causes ADDRESS (Street, city or town) 22d. LOCATION (City, to Parsonshi	(Caunty) (Caunty) (Caunty) (Caunty) (Caunty) (Caunty)	YES NO



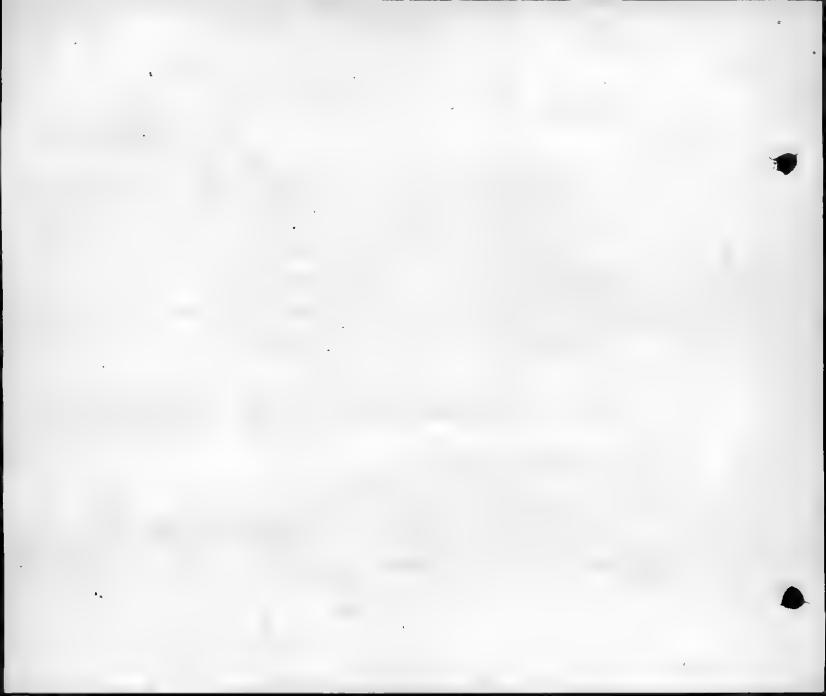
)	1. P	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased ived STATE	If institution Residence before admission)
		b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside corporate lumi	COUNTY WILL UTMING
		RURAL ond give neorest town)		12 / 1 1	ms, write KOKAL and give nearest towns
	_	Sahsburg	18 DAYS	dealispury	e. IS RESIDENCE
	0	d NAME OF HOSPITAL (If nat In hospital, give street OR INSTITUTION	1 11 -	d. STREET ADDRESS	ON A FARM?
ME.	1		ral Hosp,		alm D/ YES NO
	C	NAME OF First DECEASED (Type or print)	EDWARD.	Last 4. DATE OF DEATH	Walk ST 25 19 62
	5. 5	SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	2	note that widow		NOV 18 1888 17	birthday) Manths Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
		during most of warking life, even if retired)	ESTAURANT	MARYLAND	USA.
1	13.	FATHER'S NAME	201770177701	14. MOTHER'S MAIDEN NAME	25,77
	1	WILLIAM E. COLLIN	15	SARAH A. Col	BOURN
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s. no. or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO 17 IN	IFORMANT	Addes CEDAR ST.
	,	4.4	UNKNOWN MI	95 ROY LESCEALLEY	TE PROMOKE MD.
		18. CAUSE OF DEATH [Enter only one couse per l	ine for (o), (b), and (c),]	0.1	, INTERVAL BETWEEN ONSET AND DEATH
	Ш	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	100 states	Staph Preum	ma 3 days
	П	DUE TO an	a home	stom 16	
		Conditions, if ony, which) (b)	· · · · · · · · · · · · · · · · · · ·	gie one	12 days
		gove rise to immediate DUE TO	0 0.	0 1 1	2
		lying couse last. (c) 13	eleding de	codenal when	•
	N O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	DIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	CATION				YES NO
	CERTIFI	20% ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	(Enter nature of injury in Port I or Port II of it	em 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	43	fine	ACE OF INJURY (Home, form, 20f. (City or townstory, street, affice bldg., etc.)	n) (County) (State
	WED	Hour o.m. While of wo	[NOT WITTE]	nory, mean, arrive blug, etc.)	
		21 I certify that (I) (this haspital) atten-	ded the deceased from	11 August 1960 to 29	Aug., 1960, that (1) (we) last
		saw the deceased alive an 28 A		leath accurred at 25M, from the co	
		220 SIGNATURE	0 611		226 DATE
		(tobut!	tallers.	M.D PHYS. MED. STAI	
		22c PHYSICIAN'S NAME (Type)		22d ADDRESS	
		KOBERT Z.	ADKINS	I FRUIT LAW	DIM ARYLIANS
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY O	23d LOCATION (C	ity, town, or county) (State)
	L	BURINH 8-31-60	NEUSON C	EMETERY KURAL-160	OMOKE MARYLAND
	84	FUHERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	1	Tokut H. Watson	POCOMOKE Y	MARY AND DATE SEP 2 '60	Circling S. Thous

urs after death. Page 4

may by rained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 27 hours after death. LON ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 2

TO HOS VR A15 (4) ISM 9/59



		9:	732	. T4	CERTIF	CATE	OF DEA	TH					u9	4 U S
	1. P	LACE OF DEATH	Wicomico		MARYI		a. STATE	E (Wher		l lived If institution b. COUNTY	_	mers		ion)
	ь	RURAL and give pegrest town)			6 days	N 16	c. CITY OR TOWN		·	rate limits, write RI	JRAL and	give nec	rest town)
/	C	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Deer's Head State Hospital				d. STREET ADDRE		1				e. IS RESIDENCE ON A FARM? YES NO		
	l c	IAME OF DECEASED Type or print)	Lec		Middle	**	Last Cook	1	4. DATE OF DEATH	Man Aug		Do B	,	Year 19 60
	S . S	Female	Negre	WIDOW	- Control of the Cont		AJE OF BIRTH	•		9. AGE (In years last birthday) 53 yrs	Months Months	R 1 YEAR Days	Havrs	R 24 HRS. Min.
1	100.	USUAL OCCUPATION during most of wor Laborer	ON (Give kind of work king life, even if retired	dane 10b.	Farm	INDUSTRY	11. BIRTHPLACE ((State or nkn	r fareign co	ountry)	12. CIT	USA	WHATC	OUNTRY?
	L	Unk.					Unk.	DEN NA	ME				- 10	
			R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	17 INFOR		Sta	te Ho	Addi Spital R			Sali	a. sbury
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and {c}.] PART I. DEATH WAS CAUSED BY Bronchopneumonia							ONS	INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if ony, which gave rise to immediate (b) Arteriosclerotic cardiovascular dis., decompensations are the compensation of the compensati							sate	d ?				
		cause (a), stating lying cause last.	the under- DUE TO)A	rterioscle								?	
)	CERTIFICATION			hemi	plegta due	to ce	rebral t	hron	nbosis	3	EN IN PAI	RT 1(a) 1	P WAS PERFO	RMED?
		OR CONTRIBUTING	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (E	nter nature af inju	iry in Pa	irt Lar Part	11 af item 18.}				
	MEDICAL	20c. TIME OF INJUI Haur a.m. p.m.	RY Manth, Day, Ye	While	NJURY OCCURRED Nat while at wark		OF INJURY (Hame street, affice bldg		20f. (City	or tawn)	((Caunty)		(State)
		saw the decea			led the deceased 18_19_60 and					_			4 1 1	
		220. SIGNATURE Villerman			M D.	ATTENDING PHYS	MED	P.M.	STAFF PHYS			8/9	DATE 5 GNED	
		22c. PHYSICIAN'S NAME (Type)	V. Juerm							te Hospi		alis	bury	, Md
		BURIAL, CREMATIC REMOVAL (Specify		DF .	analon	TERY OR CR	ematory oarle	1	/lo-	TION (City tawn, o			(\$tat	e)
	24,	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		256.		BY REGIST		T-Thur			

may be Sined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shalthe State Board of Health prior to burial, cremation, ■ ■moval, and in ally event, witlin 72 hours ofter death. OF ATTINDING PHYDICIAN: The law requires that the death certificate be executed within 24 TO HOST may be

Page 4

VR A15 (4) 15M 9/59



9779 CERTIFICATE OF DEATH

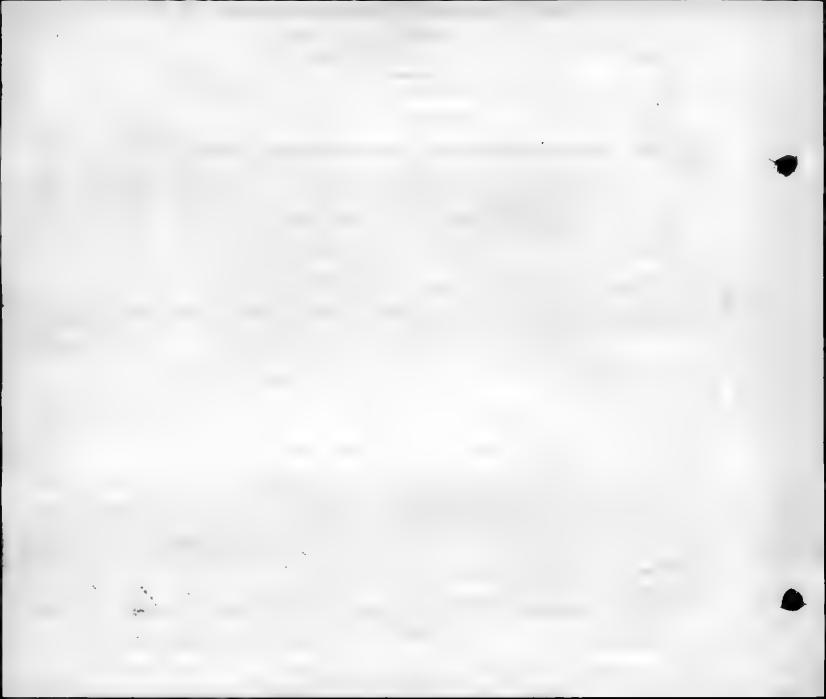
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0111			Reg. D	Pist. No.
D. PLACE OF DEATH D. COUNTY			e deceased lived. If institution: Reside	ence befare admission)
WICOMICO	MARYLAND	a. siAle m)	b. COUNTY	GOMERY +
b. CITY OR TOWN (If outside corporate limits, write RURAL-andrebat seeded town) > DI,1108	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If auts	ide carporate limits, write RURAL and	give nearest town)
SIMPRATICALA	24R3	SILVER S	PRING	The same of the sa
d. NAME OF HOSPITAL (IP not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
MAPLE SHADE NURSIA	19 Home	12612	FARNELL DR	YES NO D
3. NAME OF DECEASED	Middle ,	Lost 4	DATE Month	Day Year
(Type or print) MARY	WILSON	PORNELL	DEATH AUX	8 1960
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (in years IF UNDE last birthday) Months	R 1 YEAR IF UNDER 24 HRS.
1- WIDOWEI	DIVORCED	DEC 13 1876		Days Hours Min,
100. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or	foreign country) 12. C	ITIZEN OF WHAT COUNTRY
HOUSEWIFE	NOHE	mb.		4.5
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	
John VIII COOK		AKKA	COLEMAN.	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) [(il yes, give wor or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT	Address	
	m	R KOWLEY COI	2NELL 12612 TAR	HELL BR. S.S.
18. CAUSE OF DEATH [Enter only one cause per line	o for (a), (b), and .(c).]	CIC.		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	re Cuepon	-a- (della	د_ه	6 Turnetes
5 2 Sour to				
Canditions, if any, which) (b)				
gave rise to immediate casse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESC	RISE HOW INJURY OCCURR	ED. (Enter nature of injury in Par	t I or Port II of item 18.)	
20c. TIME OF INJURY Manth, Day, Yeor 20d. IN Haur a.m. While at work	£.	LACE OF INJURY (Home, farm, potaty, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
p. m. 19 at work	at work			
21. I certify-that I attended the decease	d from 60/186	19.57 , ta 42	4 1960 that I	last saw the deceased
alive an Clicy 8 1960	and that deat	h accurred at 2 P	M. fram the causes and an	
11.11.66	*		DRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE 1751 White	ucau "	M.D. SKG	t-12-12 181 14.	1 0/10/60
PHYSICIAN'S H. S. 7646	man			
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 2	2d: LOCATION (City, town, or county)	(State)
BUPIEL BUCH 1960	FIREMEN	S	Shapproud	121
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D I	Y REGISTRAR 246. REGISTRAR'S S	IGNATURE
SMITH FUNGRAL A	1010 - S/141	DATE AUG	15 '60 arthur 2	9 Frans

may ined by the hospital or ottending physician.

O FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 haurs ofter data. I OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO FUN TO HOS VS A15 (4) 15M 9/55

hours after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	Q 가 2 역 CERTIFICA	TE OF DEATH	09705
	D CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceased lived. If institution Residue. STATE South Carlow COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL a	/
1	RURAL and give nearest lown) Salis Bold Rural (If not in habital, give street address) of INSTITUTION Leave Rural Rur	JEW BERRY d. STREET ADDRESS	© IS RESIDENCE ON A FARM? YES NO □
	3. NAME OF DECEASED [Type or print] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [B. DATE OF BIRTH A. DATE OF BIRTH A. DATE Month DEATH 9 AGE (In years IF UN loss birnigay) Month	Day Year 7 - 19 6 7 DER 1 YEAR IF UNDER 24 HRS his Days Hours Min
	TEMALE NEGRO WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORET 13. FATHER'S NAME	6-4-18 1 83 4"	CITIZEN OF WHAT COUNTRY
	Vaugh Hood	ANNIE HOCAL NFORMANT NES. JACK AURES, NEWAR	ek, und.
,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY SMEDIATE CAUSE (a) DUE TO Outside the side of	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO ME
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Long for the control of the co	ED. (Enter nature of injury in Part I or Part II of item 18.) LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, affice bldg, etc.)	(County) (State
	21 I certify that (I) (this hospital) oftended the deceased fram.	death accurred of 2 AM, from the causes and on ATENDING MED. DIRECTOR PHYS 22d. ADDRESS ALIS DURING AMD.	the date stated above 22b DATE SIGNEE
	230 BURIA. CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY CONTROL OF CEMETERY CONTRO		5°C,
	Thornton B. Jolley, SAlisbuey, L	ode PATEG 30:60 July 8	Kraul

TO HOSE COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the large defeath. Page 4 may be already by the haspital or attending physician.

TO ILUNERAL DIRICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs ofter death.

VR A15 (4) 15M 9/59



145	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(AB)	9774 CERTIFICATE OF DEATH Reg. Dist. No. 09706
Page 4	1. PLACE OF DEATH O. COUNTY O. STATE O. STA
the last	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SAIS SUP4 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SAIS SUP4
s after 2 shou	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (IF not in hospital, give street address) OR A FARM? YES NO
n 2 Jun	3. NAME OF DECEASED (Type or print) LARRY JEROME CULTER DEATH & Day Year S 1960
detely fi	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
e executed and comp son paper (c death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) RETIPED DENERAL STORE BROLER MARKET AND U.S. F.,
P 5 7 5	13. FATHER'S NAME JEROME F. CIVED 14. MOTHER'S MAIDEN NAME MARY NICHOLSON.
22.9	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT . Address MINNIEC. CULVED SAME
e death co attending n please n within 72	THE CAUSE OF DEATH (Enter only one course ger line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY (1) TYLLY (LINE ONSED AND BEATH IMMEDIATE CAUSE (c) - (1) TYLLY (LINE ONSED AND BEATH ONSED AND BEATH ONSED AND BEATH
that the by the it. The y eveni	Conditions, if only which) to Consider Atternoclement
equires in. signed if perm	gove rise to immediate couse (a), stating the under-lying couse last.
physicio os been ial-trans aval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? J
IAN: The ending ficate hathe burn or rem	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC If ar ath his certifuse as matian,	20c TIME OF INJURY Month, Doy, Year Hour o. m. P m. 19 Of work of wor
uING I	21. I certify that attended the deceased from 7/29 , 1959, to 75 , 1969 that I last saw the deceased
TEND OR: A etache	alive on, and that death occurred at, M, from the causes and an the date stated above. ADDRESS (Street, city or Jown, stole) } DATE SIGNED
PR All by Be d by be d be d rior to	SIGNATURE (and). + Ichanne M.D. SAIIS OURY, NIARY IANC 8-6-12
AL	PHYSICIAN'S DAVIS J. GILMORE MEDICAL CENTER
HOS day b soge oge he re	220. BUR AL, CREMATION, 226 DATE THEREOF 225 NAME OF CEMETERY OR CREMATORY, SALISDUTY, MARY AND SALISDUTY, MARY AND
VS A1S (4)	23 FUNERAL DIRECTOR'S SIGNATURE HILL & JOHNSON CO SALISOUP 4, MO DATE AUG 8 '60 Cuthing 8. Kinns
1SM 9/SB	Norman T. Saker



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

. IS RESIDENCE

ON A FARM

YES NO IX

Year

1960

Wicomico

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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Months

CERTIFICATE OF DEATH ector, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE **b** COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) **d** STREET ADDRESS OR INSTITUTION 9077878 300 Race St ENINSULA NAME OF 4. DATE First Middle Month DECEASED SARAH Pages DEATH death (Type or print) MARRIED NEVER MARRIED 9. AGE (In years S SEX 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) ofter DIVORCED [remake WIDOWED [popers 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if ratired) House Work None Delaware puo pou B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 physician Garden S. Shockley Ida Cranfield геточе IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT J. Dawson (Husband) 300 Race 16. SOCIAL SECURITY NO Thomas No attending isbury Maryland pleose 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c) DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the **DUE TO** ٥ Conditions, if any, which permi gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse last Surial-transit been RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS cremation has 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate the 3 ő 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) MEDI 0. m. While Not while After this of work at work detached far 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive on and that death accurred at LITM, from the causes and an the date stated above 220 SIGNATURE M.D. PHYS PHYS DIRECTOR | Board of 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Carrie Hearn N.Division St. Salisbury, Maryland 230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) REMOVA Aug. 22.1960 Parsons Cemetery Salisbury. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE DATE AUG 2 3 160

SALISBURY

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INTERVAL BETWEEN ONSET AND DEATH

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY Wicomico a. COUNTY a STATE MARYLAND licemica Marvland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b ¿CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Willards 2 Walru d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION menera NAME OF First Middle 4. DATE Month Last DECEASED Bell (Type or print) Olive DEATH EW NES IF JNDER 1 YEAR 5 SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years 62 yrs Manths Days 1897 DIVORCED | WIDOWED [USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Machine Op erator Maryland Shibt Factory 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella B. Palmer George Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address Willards, Md. Wilkins 216-0 Mrs. Aaron 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Canditians, if any, which (b) gove rise to immediate **DUE TO** couse (o), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of I tem 18.) 20c TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED

CERTIFICATION MEDICAL

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factory, street, affice bldg., etc.)

(County)

(State)

22b DATE

PERFORMED? YES NO X

sow the deceosed olive on 22g SIGNATURE

22c. PHYSICIAN'S

NAME (Type

23b. DATE THEREOF

M.D.

22d. ADDRESS

DIRECTOR -PHYS

23d LOCATION (City, tawn, or county)

SIGNED

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FUNERAL m page 3 the State 23a BURIAL CREMATION. O

24. FUNERAL D

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23c NAME OF CEMETERY OR CREMATORY Hope

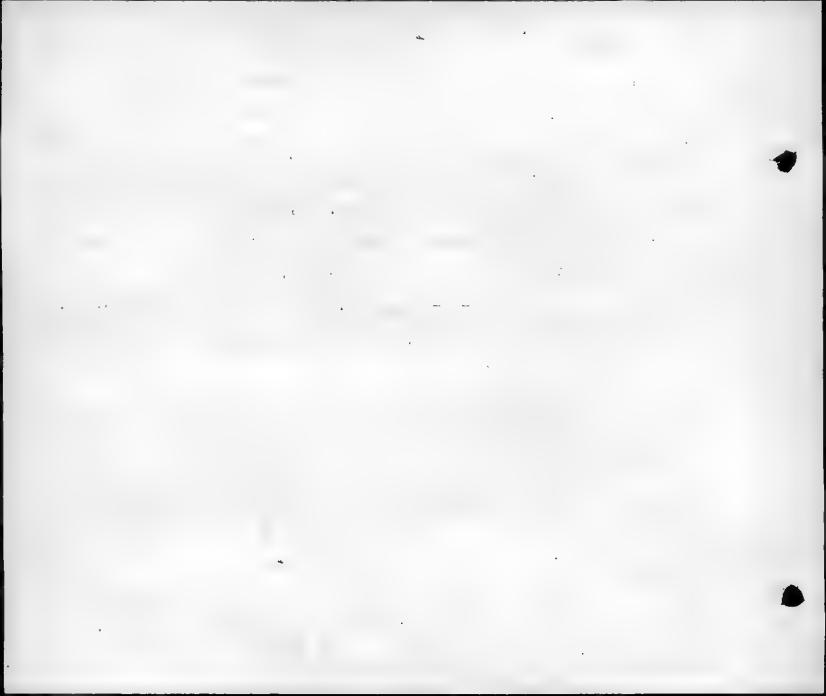
Willards

, ta and that death occurred at A. from the couses and on the date stated above

(State)

256 REGISTRAR'S SIGNATURE ---**ADDRESS** RECAD BY REGISTRAR

VR A15 (4) 15M 9/59



]] 	17		9736 CERTIFIC	ATE OF DEATI		Reg. Dist. No. (1970)
filed with		1 (PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (W	here deceased lived	If institution: Residence before admission) COUNTY W/COM/CO
be be			b. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) SALISTURY 57RS	C. CITY OR TOWN (II)	gutside corporate limi	its, write RURAL and give nearest town)
y the 2 sho	7		d. NAME OF HOSPITAL (If not in haspital, give greet address) OR INSTITUTION CAMOEN AVE EXT	d. STREET ADDRESS	MdEN	AVE EXT . IS RESIDENCE ON A FARM? YES NO S
filled in b ges 1 and		1	NAME OF DECEASED First Middle (Type or print)	Lost EATON	4. DATE OF DEATH	Month Day Year 2 19 6
Pa Pa		5. 5	SEX D.a.le 6 COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		7 PAGE	(In years IFUNDER 1 YEAR IF UNDER 24 Hi brighday) Months Days Hours Min
nd camples on papers death.	-	10a	USUAL OCCUPATION (Give kind of work done 10b KIND, OF BUSINESS OR INIT during most of working life, even if retired) EO/TORIA	MASS.	or foreign country)	U, S, D.
sicion or	1	13	GEORGE EATON	14. MOTHER'S MAIDEN	WASh	buRN.
ing Ehy: e remai		15. (Yes	WAS DECEASED(EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give wor or dates of service) 298 - 05-621	Thomas C	. Hill J	Address P. SAME
attend en pleas et within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Thrombosis		INTERVAL SETWEEN ONSET AND DEATH
d By the nit. The ny ever			Conditions, if any, which) OEYEDYO	Arteriose	lerosis	
n signed			gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO Column Column			
e has blief burial-tran remaval, c		CERTIFICATION	PART 13. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	OF Face	+ NE	O. K PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO B
						em 18)
r this certifian use as crematian,		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Nat while at work at work 20c.	PLACE OF INJURY (Hame, forn factory, street, office bldg., etc	n, 20f (City or tawn	n) (Caunty) (Sta
21. I certify that I attended the deceased from 1200 MINEY, 195T, to Huy 2, 1900 hat I last so alive an August 2, 1960, and that death accurred at 5-4 M from the causes and an the dat						, 19.60 that I last saw the decease
5 e G	- 1		ACTUAL STROMOS C. Hell	_M.D	ADDRESS (Street, city	y ar lown, state) DATE SIGN 8/2/60
			PHYSICIAN'S NAME (Type) Thomas 6. Hill Jr.	Pine Bluff	RoadSa	lisbury
TO FUNERAL page 3 share		B	BURIAL CREMATION, 226. DATE THEREOF DAY DAYS OF CEMETERY BENDYAL (SOFCIETY)	(em	LURBAI	YA, Ohio (State)
15 (4) 9/58		²³	FUNERAL DIRECTOR'S SIGNATURE	M d PATE		246. REGISTRAR'S SIGNATURE Orthur S. Krana

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOST

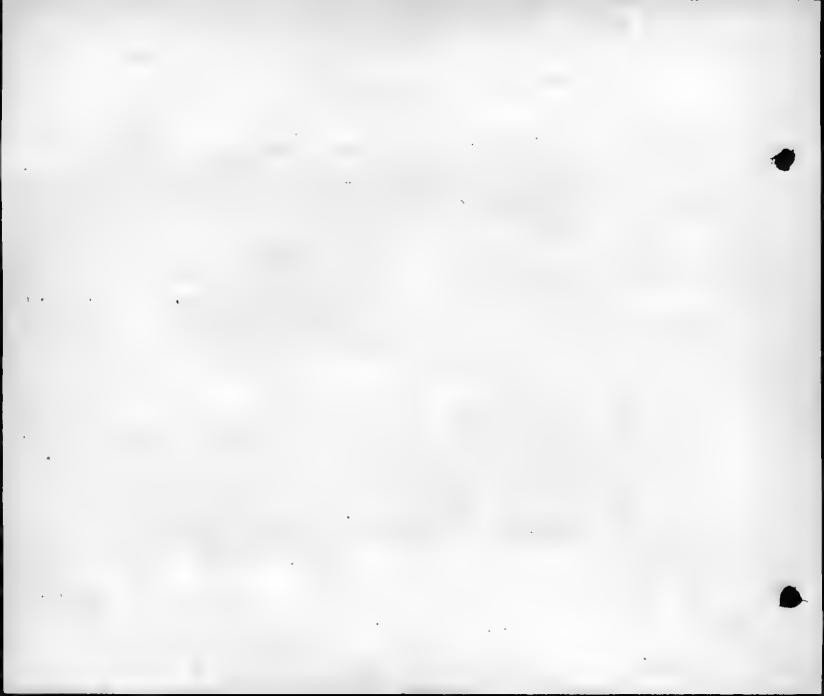
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9737

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09710

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceases		e before admission)
	WICEMICE	MARYLAND	MARYLAND	b. COUNTY SOM	ERSET
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	role limits, write RURAL and gi	ve nearest town)
	SALISBURY	1 MONTH	EWELL		
_	d. NAME OF HOSPITAL (If no) in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	I DIV.	e IS RESIDENCE ON A FARM?
	FENINSULA GENERAL	HCSPITAL			YES NO NO
	3. NAME OF First DECEASED	Middle	Losi 4. DATE	Month	Day Year
	(Type or print) MARY	· C,	EVANS DEATH	1140401 8	27 1962
	5 SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	Total School Committee Com	DOVS HOURS MIN
	TEMALE WITE WIDOWE		AUG. 15, 1882	78 yrs	
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY II. BIRTHPLACE (State or foreign c	**	EN OF WHAT COUNTRY?
1	NONE		MARYLAND	6	SA
,	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	BENJAMIN F. WHIT	NEY	KATHRYN	EVANS	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 19 (If yes, give wor or dates of service)		FORMANT	Address	2 2 1 5 5 1
		NONE M	RS. LEON EVANS -	24-MAIN ST	CRISTIELD, M
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), ond (c).]	01.		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY	cinoma 91	inenary Blade	un	12 mon.
	DUE TO	/	/		
	Conditions, if ony, which (b) gove rise to immediate				
	couse (a), stating the under-				
	lying couse lost.) (c)				THE PARTY PURCHASE
pl	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEAS	E CONDITION GIVEN IN PART	PERFORMED?
Î	TO ACCIDENT WAS INDERIVING TO JOH DESCRIPTION	COURT HOW INTRIDY OCCUPAN	D. (Enter nature of injury in Part I or Par	at II of Jam 19)	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURRED	2. (Enter noture of injury in Port 1 of Por	Til or tiem to j	A
			ACE OF INJURY (Home, form, 20f. (City	y or town) (C	ounty) (Stole)
	Hour o.m. While of work	140t Millie	nory, siteal, office blog, etc.)		
	21 I certify that (I) (this haspital) attend	ed the deceased fram.	July 21 19(00, 10(lug. 26 196	that (I) (we) last
	saw the deceased alive an aug. 26	19_60, and that 8	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the couses and an the	
	220 SYGNATURE		7771)		226 DATE SIGNED
	Kaymond M. Goe		M. D. PHYS DIRECTOR	PHYS - (My	27,1960
	12c PHYSICIAN'S NAME (Type)	16. 4.5	22d ADDRESS	Co & S.	A 141
	KAYMOND M.	You, M.D.	101 Caman	eve. Rall	enery mis
	23g BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY 23d, LOCA	TION (City, Iown, or county)	(Stote)
	BURIAL AVG. 30, 1960		EMETERY	EWELL	MD.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGIS	TRAR 256 REGISTRAR'S SIG	PLANT
	KPADSHAILT C DATAIL	· PICE	IFID MADDATE SEP 6 '6		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09711

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filed with	(1)	1)

rs after death. Page 4

r this certificate has been signed by the attending physician and campletely fill. They the funeral or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be or to burial, cremations or removal, and if any event, within 72 hours after death. ital ar attending physician.

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TO HOS I OR ATTENDING PHYSICIAN: Tile law requires that the death certificate be executed within A	A	ا رکا	(4)	

	9738 CERTIFICA	ATE OF DEATH	03717
	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY BLUE LA LA MA LOUNTY	
	b. CITY OR TOWN (If autside carporate limits, write WIRAL and give nearest town) AALSAUSY	Sah (56 W/) 12	
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PENINGSULA HENERAL HOSP.	Codar Way	• IS RESIDENCE ON A FARM? YES NO
-	NAME OF DECEASED (Type or print) LILIAN PARCEE	Fields 4. BATE OF Month DEATH Chargest	Doy Year 2 \$ 1960
	Fe make While widowed DIVORCED	1709 27, 1703 37 YE	ays Haurs Min
-	On. USUAL OCCUPATION (Give kind of work dane of the during most of work in gifter, even of retired) Shirl Fac	T. MARYLAND	U.S.A.
	ALEX W. CAREY	14. MOTHER'S MAIDEN NAME MINNIE HASTIN	195
	(Yes, no. or unknown) (If yes, give wor or date of service) 214-10 - 78005)	IDNEY FIELDS CEDANTESWAY	md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	, tensoral loto	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which (b)		
	Cause (a), stating the under. Variable Variable	IT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY
	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f (City or town) (Council of the council of the co	unty) (State)
	Haur a.m. 19 While Nat while at wark 21 Certify that (I) (this haspital) attended the deceased fram.		2 that (1) (we) last
		death accurred at/132 M from the causes and an the c	date stated above
	22c PHYSICIAN'S NAME (Type)	M D ATTENDING DIRECTOR STAFF PHYS 22d ADDRESS	SIGNED 8 6 - 8
-	23g BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY	MANUEL SALISAURY MARK	(State)
	BULLIACIONS SIGNATURA C APORESS		BURY Ma
	Women T. Waller Dalesberry	DATE AUG 3 0 '60 Collag 8 #	Saul A



9739

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09712

ely filled on by the funeral director, Pages 1 and 2 should be filed with w this

urs after death. Page 4

may be coinced by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remover section papers. Pages 1 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A15 (4) ISM 9/59

1.	PLACE OF DEATH	cómico		MARYL	- 11	2. USUAL RESIDENCE	Where decease	d lived If institution b. COUNTY	n Residence		
-	. CITY OR TOWN (IF		sits, write To	LENGTH OF STAY II	N 1h	c. CITY OR TOWN (,	rote limits write RU	IRAL and aiv	e negrest towni	
	RURAL and give-ne	Tisbury					isbury	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Witz onlo gr		
	OR INSTITUTION	AL (If not in hospital,	give street ad	ldress)		d. STREET ADDRESS	,			e. IS RESIDENC	E
	10	8 West I	sabel	la St		108	W. Isa	bella St	;	YES NO	
3.	NAME OF DECEASED	F	irst	Middle		last	4. DATE OF	Mont	h	Day Yeor	
	Type or print)	ELLEN	DAL	E (McMAS	TER)	FISHER	DEATH	AUGU	JST	5th 196	0
S. :	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D □ B,	DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDER 24 F	
	Female	White	WIDOWED	DIVORCED		Sept. 22,	1880	79 yrs	10	13 Hours Mi	٦,
10a	. USUAL OCCUPATIO	N (Give kind of working life, even if retire	done 10b KI	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (SI	ate or foreign o	ountry)	12 CITIZE	N OF WHAT COUNT	RY?
F	louse Wor	k at Hom	ie	None		Prince	ss Ann	e, Maryla	ind	USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
Ī	Villiam S	. Mc Maste	r			Ella Da	ale				
(Ya	WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16. SC service)	OCIAL SECURITY NO.	E MC	ormant Master Di	uer(Ne	phew)Pri	nces	s Anne, M	d.
		THE Enter only one of	nuse per line	for (o), (b), and (c).]	<u></u>	+				INTERVAL BETWEE	
		TH WAS CAUSED BY:	α	7 (1	A	Perofie 1	Harry	D. Ca	r ali	ONSET AND DEAT	Н
	1 1	IMMEDIATE CAUSE (New o	12-6	esimon f	BEDLA	WILLIAM D	(12)	34000	
	S 174	, DUE TO	O							/	
	Canditions, if an	nmediate	ხ)			-					_
	cause (o), stoting t										
z	lying couse lost.		c)	ANTOIRUTING TO BEA	TM DUT N	OT RELATED TO THE TE	BAINAL DICEAS	E CONDITION CIVI	CALINA DART	Val 39 WAS A ITOS	HC V
ě	PARI II. OTH	EK SIGNIFICANT COI	ADITIONS CO	INIKIBUTING TO DEA	IN BUIN	IOI RELATED TO THE TE	KMINAL DISEAS	SE CONDITION GIVE	IN IN PAKI	PERFORMED	2_
FICA	na Acciping in		Tool pecco	UPS HOLL DATES OF	CURATA	## A	in Direction Des	- 11 - C 3 3B 3		YES NO	<u>N</u>
MEDICAL CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	ZUB DESCR	N/A	CUKKED.	(Enter noture of injury	in ran i or roi	u it ôt tiem ie-ì			
CAI	20c. TIME OF INJURY	Month, Doy, Y			20e. PLAC	E OF INJURY (Home, f	arm, 20f. (City	y or town)	(Co	unty) (St	ote)
MED	Hour a.m.	N/A 19	While of work [Nat while	IQCIQ	N'A Affice bldg.,	1	N/A			
	27 I cortify that	/// /this hospite	II) attende	d the deceased f	eam	Was 5	19.25to_	Allen	161061	2 that (1) (we) 1	-
	saw the deceas		y 4)	/ .		ath accurred at /					
	220 SIGNATURE	33 477 677		and and	mor ac		ezim, mom	ine cooses div	2 On me	225 DAT	
	100,0	COIL. E	2 6	alles to	_ M.	D ATTENDING	MED DIRECTOR	STAFF AU	gust	5 /19	60
	22c PHYS CIANTY	.David J	.Gilm	ore		22d. ADDRESS				, , , , , , ,	
	NAME (Type)	.Wilber	R. E11	is,Jr.		Medical	Cente	r - Sali	sbur	y,Maryla	nd
230	BURIAL CREMAT OF			23c NAME OF CEME	TERY OR	CREMATORY	23d LOCA	TION (City town, o	r county)	(State)	=
	**************************************	Aug. 7.1	960	Manokin	Ceme	etery - P:	rinces	s Anne,	Mary		
24	FUNERAL DIRECTOR:			ADDRESS		25o. R	EC'D BY REGIS		TRAR'S SIGN		
ΗÇ	LLOWAY &	: COMPANY	_	SALISBUR	Y MA	RYLANDDATE	AUG 8 'E	60 CAK	In 8. +	track	



MARYLAND STATE DEPARTMENT OF HEALTH

9740 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

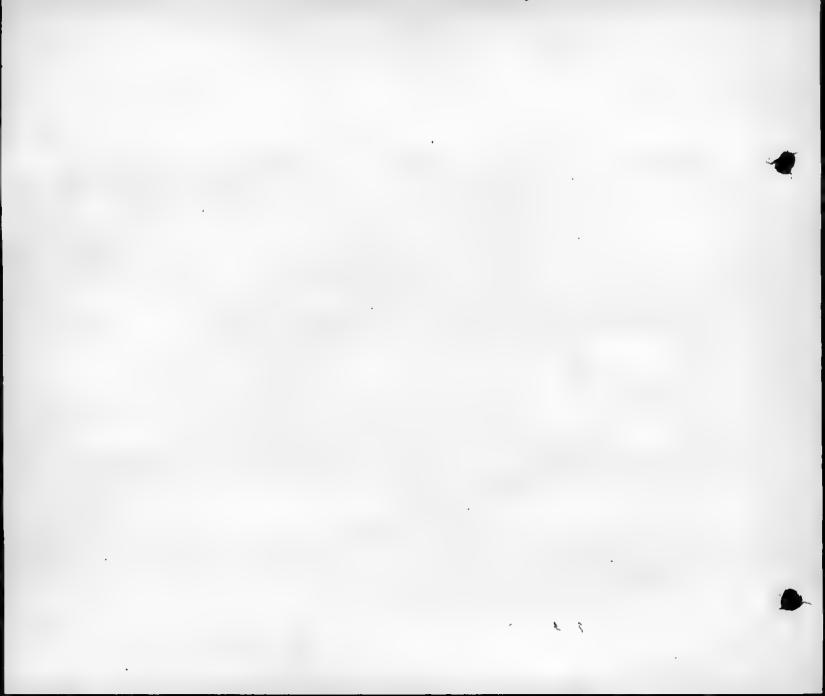
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<u> </u>	Trem 2 Film(7. (L M = 1) = 0. (C L					
1	PLACE OF DEATH Q. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE Maryland b. COUNTY Worcester					
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	RURAL and give nearest town)	Berlin '-					
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
*- X	rennoul Heneral Nospit	RFD YES NO					
3	NAME OF DECEASED (Type or print)	-i Sha R Jean Quant 29 - 1967					
S	SEX 6. COLOR OR RACE A MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (If years FUNDER 14 EAR IF UNDER 24 HRS. lost birdbooy Months Doys Hours Min					
1-	male White WIDOWED DIVORCED	DEC: 30: 1917 42 yrs. Months Doys Hours Min					
1	0a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	MAIL CARRIER US	GERLIN MID VISA					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
L	TRANK TISHER	MARGHRET LUILLEN					
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes. no. or unknown)	INFORMANT Address					
	VES WORLDWII NO M	les. L. W. FISHER GERLIN I'D					
	18.1 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART 1. DEATH WAS CAUSED BY MEDIATE CAUSE (a)	W Mismbers 2 dais					
	5 /0. DUE TO						
	Conditions, if any, which (b)						
	couse (o), stoting the under-						
١,	lying couse lost.) (c)	IT MOTORS ATTO TO THE TRANSPAR COMPITION CHICAL IN BART 1/4 TO WAS AUTORS.					
	5	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)					
6		PLACE OF INJURY (Home, form, octory, street, office bldg , etc.) (County) (Stote)					
	21 I certify that (I) (this haspital) attended the deceased from	3-37, 1800, ta 5-29, 1960 that (1) (we) last					
	- 4 - 41	death accurred at // AM, from the causes and an the date stated above.					
	220 SIGNATURE	226 DATE					
\perp	Wille R. Elles for	M.D. ATTENDING MED DIRECTOR STAFF PHYS. 3					
	22c PHYSICIAN'S NAME (Type)	22d. ADDRESS					
2	23c. NAME OF CEMETERY	GR CREMATORY 23d. LOCATION (City, town, or county) (State)					
	ROMOVAL (Specify) 8 1/ 60 EVERG						
2	AUNERAL DIRECTOR'S SIGNATURE Burbage ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OATSEP 1 '60 Outling S. Kraus					
E							

mpierelyfilled in by the funeral director, percent and 2 should be filed with is after aboth. urs after death. Page 4 may be cained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely this cape 3 should be detached far use as the burial-transit permit. Then please remave carbon bepopused to the State Board of Health prior to burial, crematian, or remaval and in any event, within 72 hours after a faith. LOR ATTENDING FIFYS IAN: The law equires that the death certificate be emeuted within TO HOS

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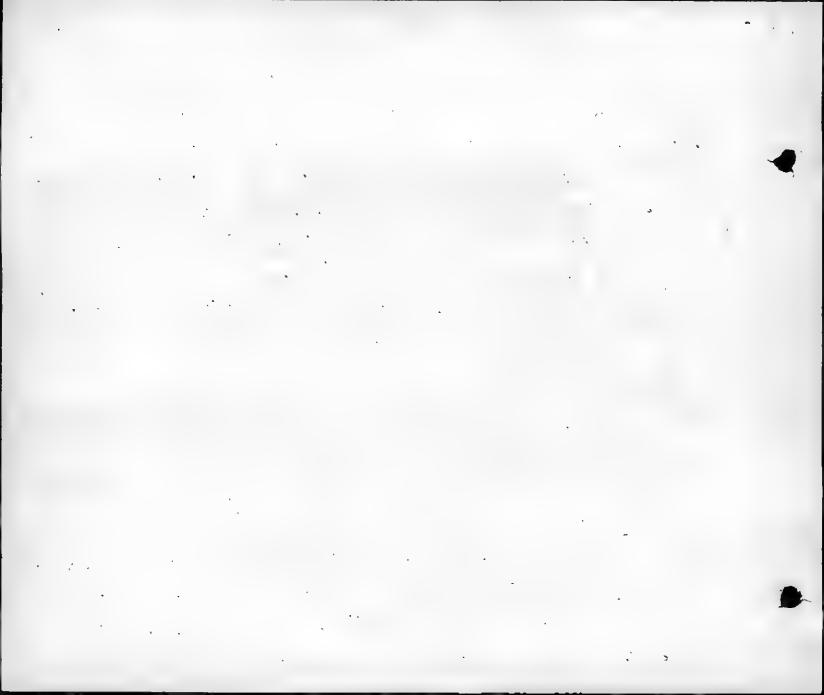
Reg. Dist. No.

may be retained by the haspital or ottending pllysician.

• EUNTEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the registrar prior to burial, crematian, ar remayal, and in any eyent within 72 haurs after death.

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VS 15/	A1	5 (7/5	4) B	

1	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)
)	a. COUNTY U'ICOMICO MARYLAND	" STATE ARYLAND 6. COUNTY WORCESTER
	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	SALISBURY WEEK	POCOMOKE CITY 2-42-2
4-	d. NAME OF HOSPITAL (If hat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o IS RESIDENCE ON A FARM?
17	PENINEULA GENEYAL HOSPITAL	802 FOURTH STREET YES NO
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Yeor
	(Type or print) JOHN FLETCHER	TARDNER DEATH AUGUST (=, 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED ☑ NEVER MARRIED □	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Haurs Min.
	MALE WHITE WIDOWED DIVORCED	APRIL 19 1893 67 yrs. Mains Days Habis
1	10a. USUAL OCCUPATION (Give kind of wark done during mast of working life, even if retired)	JSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	BOILER ATTENDANT CHICKEN PLAN	T. VIRGINIA USA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN J. GARDNER	LILLIE COLONNA
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) 1 (If yes, give war or dates of service)	INFORMANT Address POCOMORE OF
	NO - 224-12-1526/	MRS LOLA M. GARDNER, MARYLAND.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	ANTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: Mccintocle	WI TO II I SEAL A T
	DUE TO	7)
	Conditions, if ony, which) (b)	
	gave rise to immediate DUE TO	
	lying couse lost. (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	2	YES NO
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18)
		LACE OF INJURY (Hame, form, 20f. (City or town) (County) (State
	Haur a. m. While Not while	LACE OF INJURY (Hame, form, † 20f. (City ar lawn) (Caunty) (State) actory, street, affice bldg., etc.)
	p. m iy at wark ot wark	10 2/1 10
	21. I certify that oftended the deceased from	19 KL to 1 (a, 1% that I last saw the deceased
	alive an , 19 E , and that deat	h accurred at G. A.M./from the causes and an the date stated above
	ACTUAL ARTHUR TO GOOD I	90 -1
1	SIGNATURE THE TOLLY (. ESTES)	MO. Penosses / ser. Hospital,
	PHYSICIAN'S CLAMES 1. L-SICS	Dolespures Mansfand
	220 BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY	DE CONTROL (State)
	BURIAL 8.9-60 MODESTOWN	V BAPTIST MODESTOWN, VIRGINIA
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Kofert H. Walson Pocomoke C	17, MU DATAGE 10'60 Civiling S. Human



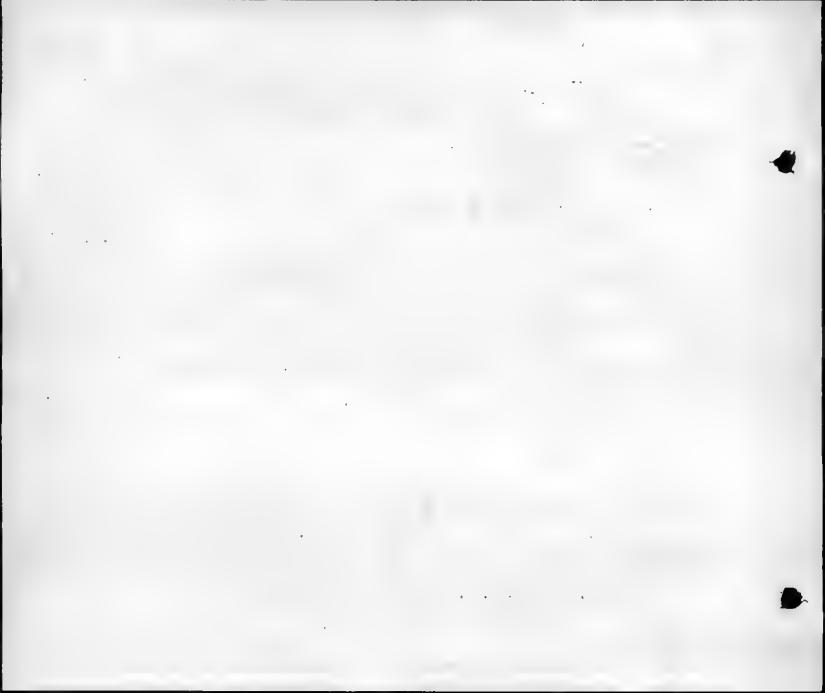
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9742

CERTIFICATE OF DEATH

Reg. Dist. N.9715

1. PLACE OF DEATH a. COUNTY	t a annal a a		MARYLANI	il o	STATE Monnel		lived. If institution b. COUNTY			nission)
	Leomico	ia welan	c. LENGTH OF STAY IN 11		Maryla		4- 11-1414- DI	Wicon		
RURAL and give no	give nearest town)				CITY OR TOWN (IF o			UKAL ond BIV	e negresi ii	bwit i
	Salisbury 73 days d NAME OF HOSPITAL (If not in hospital, give street oddress)				d. STREET ADDRESS	lisbury			- 1c	RESIDENCE
OR INSTITUTION				- '	617 Pear	cl. Stre	eet		10	A FARM?
	Head_State		pital		02, 200				YES	Ø NO □
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mon		Day	Year
(Type or print)	CHARLE				HARMON	DEATH	Augus		22	1960
5. SEX			RIED NEVER MARRIED		TE OF BIRTH	1000	AGE (In years last bisthday)	Months Do	YEAR IF UN	
Male	Colored	L			igust 31,	1094	O'9 yrs.			
10a USJAŁ OCCUPATIO during most of worl	ON (Give kind of work ling life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (Stote	or foreign cou	intry)			T COUNTRY?
Farme					Marvla	and		U.S	. A.	
13 FATHER'S NAME				14.	MOTHER'S MAIDEN N	IAME				
John Har	mon				Mary Dut	ton				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		INFOR			Addi	ress		
No No	in yes, gira wen or outer or i	ar vice)	5	the	l Quille	2,61	7 Bear	e St.	Jalia	dance
1B. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c)]			7		7	INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:		Pulmonary en	bolu	S				ON E A	inutes
- ^ `	DUE TO									
Conditions, if o	ny, which)		Arterioscler	otic	cardiovas	cular (disease		Te	ars
gove rise to i	mmediate DUETO	-								
lying couse lost,	lying couse lost. Columbia C								ars	
Z PART II. OTH			CONTRIBUTING TO DEATH E			NAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19. W/	AS AUTOPSY
CATIC	Senility									FORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RED. (En	ter nature of injury in t	Port I or Port	II of item 18.)			
3 20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. 1	NJURY OCCURRED 20s.	PLACE C	F INJURY (Home, form	, 20f. (City o	or fown)	(Cou	inty)	(State)
20c. TIME OF INJUR	19	White of wor	Not while	factory,	street, affice bldg., etc.	.)				
			sed fram June 2	0	10 60 to A1	noust 1	22 1060	45-4-1-1	4.5	1 1
1 1 .	ar i affended ine									
dilve on	45.0 22.0	, اکتر	O, and that dec	ith acc	niced or D: 1124	M, fram ti	he causes an eet, city at tawn,	d an the a	tate stat	ATE SIGNED
ACTUAL	11.110	001	uan.						_	122/60
SIGNATURE	0.,00		- CT-0-10-1	M.D.	peer, s	nead :	State Ho	Sprear	0	/22/00
PHYSICIAN'S NAME (Type)	V. Juerma	m, M	. D.		Salisb	ury, Ma	aryland		+ 4 40 4	
220 BURIAL, CREMAT O			22c. NAME OF CEMETERY	OR CRE	MATORY	22d LOCATI	ON (City, lawn,	or county)	(5	itote)
Burial Specify)		25,1	960 Mt. (Calv	ary	Fruit	land,			
23. FUNERAL DIRECTOR		0	ADDRESS	,		D BY REGISTR		STRAR'S SIGN	ATURE	
Under J.	Stewart,	HI	rishery, 7.	red.	DATE	NUG 2 6 '	60	inily 8	Kine	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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V. F. R. I.					

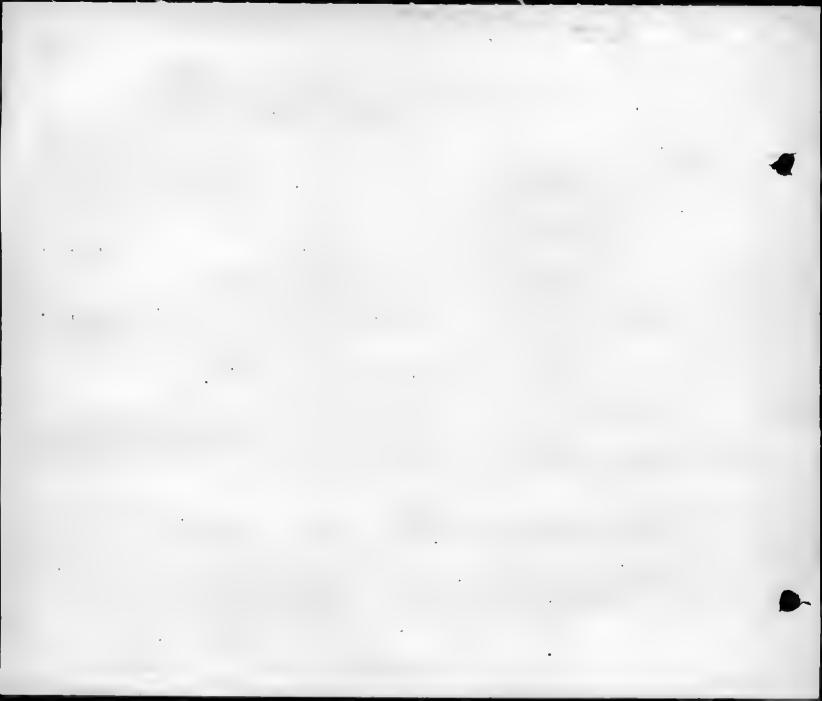
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	a. COUNTY,	mico		MARYLAND	2. USUA o STA	L RESIDENCE (WI		b COUNTY		: before admission)
-		autside carporate limit	ls, write	c LENGTH OF STAY IN 16	c. CIT	Y OR TOWN (If	outside corpore	ote limits, write l	RURAL and gr	ve nearest town)	
	RURAL and give ner					Rural	New	Church			
۸ŀ	d, NAME OF HOSPITA	M. (If not in hospital, g	ive street	oddress)	d. ST	REET ADDRESS			,,=	e IS RESIDE	ENCE
4	PUT) INSUL	a Gener	ral_	Hospital					· 1	YES	
1	NAME OF DECEASED (Type or print)	Augusti		Middle	tern	ande 2	4 DATE OF DEATH	Guya	11h	Day Yea	6U
1	5. SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	8. DATE O	F BIRTH		9. AGE (In years last birthday)		YEAR IF UNDER 2	
	Female	White	WIDOW	ED DIVORCED	8/5	/60 V		yrs	Manths [Days Hours	Min.
1	100 USUAL OCCUPATIO	N (Give kind of work o	one 10b.	KIND OF BUSINESS OR IND	USTRY 11. 8	IRTHPLACE (Stole	or foreign co	untry)	12. CITIZ	EN OF WHATCOL	JNTRY?
	Tone	ing life, even it feffred;		None		Marvla	ınd			U. S. A	
Ī	3. FATHER'S NAME				14 MO	THER'S MAIDEN	NAME				
ı	Pablo :	Hernandez	3			Mary	Herna	ndez			
٧ī	S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	INFORMAN				ires\$		
Į	NO	If yes, give war or detes of s	ervicej	None I	Pablo	Hernan	dez	F	ew Ch	urch Va	
			use per lii	ne far (o), (b), and (c) }	^					INTERVAL BETWO	
1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)(Cardiac F	سلاسه	مع					
1	163	DUE TO					.4.				
	Conditions, if an)	Interstition	<u>11 (r</u>	mukan		<u> </u>			
1	gove rise to in couse (a), stating t										
1	lying cause lost.) (c								1	
	PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BU	JT NOT RELA	TED TO THE TERM	INAL DISEASE	CONDITION G	VEN IN PART	PERFORM YES	AED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enler n	oture of injury in	Part I or Port	II of item 18.)			
	\$ 20c. TIME OF INJURY	/ Manth, Doy, Yes	or 20d. II			JURY IHome, form		or lown)	{Ce	ounty)	(Stote)
	20c. TIME OF INJURY Haur a. m p. m.	19	While at wor		octory, stree	t, affice bldg., etc	Ç.]				
П		t /IV /this bosnitel		ded the deceased from	Я	19 19	60, ta	8/10	106	0, that (1) (we	n\ lost
	saw the decease	1.1.1	10/ 1.	0196_0, and that	198	-9	.*	,		4 / 4 .	. ,
	226 SIGNATURE	eo diive dii	a all the glad	17 Se_O/ Ollo Iligi	deam as	corred dizz,	Serry Frami	ine cooses o	no un me	22b D	
	100.00i	2	Ma	wa	M.D PHY	ENDING D	RECTOR [STAFF PHYS		8/10°	GNED
	22c PHYSICIAN S	7	-11	Part		ADDRESS	_				1.12
	NAME (Type)	William	C.	Morgan		Sales	box	y M	d.		
	23a BURIAL, CREMAT OF	N, 23b DATE THEREC)F	23c NAME OF CEMETERY	OR CREMAT	ORY	23d LOCAT	ON (City town,	or county)	(Stote)	
	Burial'	1 1	0	Downings	Ceme	terv		k Hall	Vir	, ,	
1	24 FUNERAL DIRECTOR	S SIGNATURE	L	ADDRESS	0.03110		D BY REGIST		STRAR'S SIG		
	FORF	uneral Ho	me.	Temperance	ovill	O . VADATEATE	6 1 5 '60		Elma S. F	Come	

the attending physician and campletely filled in by the jugger price of the please remaye carban papers. Pages I and 2 shall abe filled with rs after death. Page 4 TO HOSP OR ATTENDING FIFTELIAN: The law requires that the death certificate be executed within 24-may be and by the haspital ar attending physician.

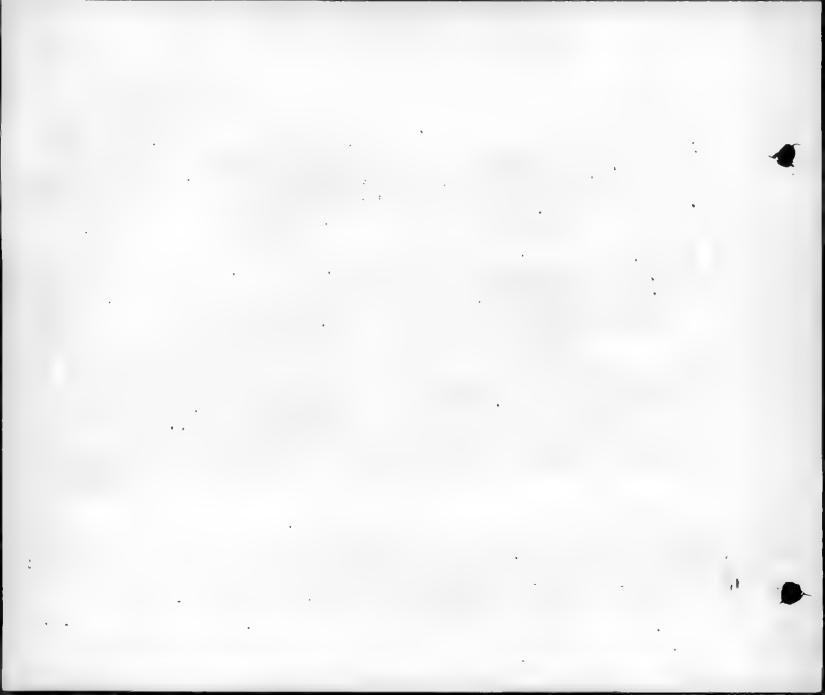
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 to the State Board of Health prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

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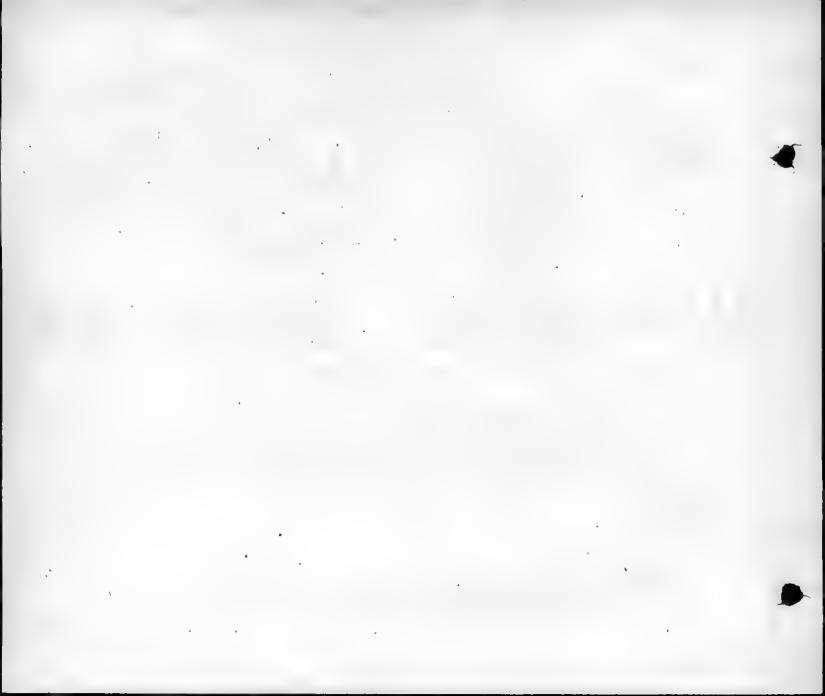


certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09719
	9745 CERTIFICATE OF DEATH Reg. Dist	
Poge .	1. PLACE OF DEATH o COUNTY NARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence of STATE of STA	6.5
after death the funera should be	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and grant of the composition of the compositio	
ond 2 sh	Peninsiela General Hospital 1107 ASHYLON AVE	e is residence on a farm? YES NO
thin 24 ly filled in Toges 1 o	3. NAME OF DECEASED (Type or print) JOSIAH WOOLFORD Johnson DEATH DWALLS +	Day Year 79 60
withi	Mole White WIDOWED DIVORCED 1/-9-1873 86 yrs. Months E	YEAR IF UNDER 24 HRS. Doys Hours Min.
and compl and compl on papers or death.	10a. USJA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZE CON RAC OR TOSIGNER CONSTRUCTION MARY/AND 12. CITIZE UNITED TO STRUCTION MARY/AND	EN OF WHAT COUNTRY?
confe	Josiah Johnson Martha Humphrez	15
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or iddes of service) 216-11-7525 Mag. J. W. Johnson, San	
the death ce e ottending en please re nt within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COLON ON Y Thromban, Acute	INTERVAL BETWEEN ONSET AND DEATH
that the by the it. The yeve	Conditions, if ony, which gove rise to immediate (b) Coronary Schrosis	?
requires ian. nsif permi	tying couse lost (c) Stating the under (c) Stating at the under (c)	
physical phy	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AJTOPSY PERFORMED? YES NO
fan: Trending ficate but the but	20a. ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work of work 19 o	ounty) (Stote)
NDING e haspit : Affer ched fo urial, cr	21. I certify that I attended the deceased fram $2000000000000000000000000000000000000$	t saw the deceased date stated above.
A ATTEI d by th RECTOR Se deta ior to b	ACTUAL ROLL 7 MMC M.D. FRUITLAND, MARY/AND	8 Aug 60
moy be reid ned b TO FUNERAL DIREC page 3 should be the registrar prior	PHYSICIAN'S ROBERT AdKINS FRUITLAND, MARY 1 F	INC
D HOSP moy be reld D FUNERAL page 3 shouther registrar	BURIAL CREMATION, 226. DATE THEREOF PARSONS CEMETERY OR CREMATORY, SOLD SALISBUPY, W	ARY/ANO
VS A15 (4) 15M 9/58	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	
	Horman T. Boher:	



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TO FUNERAL DIRECTOR: A page 3 should be detached to be be better to but it.

VS A15 (4) 15M 9/58

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P. ACE CO PEATH C. COUNTY WI COMICO MARYLAND 2. USUAL RESIDENCE (Where decound lived. It institutions readers before edinicial) O. STAT MARYLAND C. COUNTY WI COMICO C. COUNTY			CERTIFICA	TE OF DEATH			113144
MARYLAND Maryland Wicomico	1. PLACE OF DEATH				ere deceased lived.	If institution: Resid	ence before admission)
RUYAL GORDERS Company				o. STATE Mary	land b.	COUNTY	icomico
d. NAME OF POSTITAL (If not in hospital) give street oddress) R. D. # 1 3. NAME OF POSTITAL (If not in hospital) give street oddress) R. D. # 1 3. NAME OF BECASED R. D. # 1 3. NAME OF BECASED R. D. # 1 3. NAME OF POSTITAL (If not in hospital) give street oddress) R. D. # 1 3. NAME OF BECASED R. D. # 1 3. NAME OF POSTITAL (If not in hospital) give street oddress) R. D. # 1 3. NAME OF POSTITAL (If not in hospital) give street oddress) R. D. # 1 3. NAME OF POSTITAL (If not in hospital) give street oddress) R. D. # 1 3. NAME OF POSTITAL (If not in hospital) give street oddress) R. D. # 1 3. NAME OF BESASED R. D. # 1 9. AGE (In your leg UNDER VEALE IN UNDER ZHES) Months Day How Signification of Post Hospital (In UNDER ZHES) Months Day How Signification of Post Hospital (In UNDER ZHES) Months Day How Signification of Post Hospital (In UNDER ZHES) Months Day How Signification of Post Hospital (In UNDER ZHES) Months Day How Signification of Post Hospital (In UNDER ZHES) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of Post Hospital (In Under Zhes) Months Day How Signification of P	b CITY OR TOWN	negrest town)	c. LENGTH OF STAY IN 16		•		
OR INSTITUTION R.D.# 1 R.D.#	*			X Sali	sbury	(Ru	
20. MANG OF DECEASED PROBLEM STORY OF S	d. NAME OF HOSP OR INSTITUTION	44	et address)	1 A 3	# 1		ON A FARM?
DEEN LEE R. IIVINGSTON DEATH AUGUST 16th 19 600 (Type or pinn) S. SEX		First	Middle			Month	Day Yeor
S. SEX G. COLOR OR RACE 7 MARRIED NEVER MARRIED NO. DESCRIBE HOW INJURY OCCURRED. N. AGE (In, root) EURDER I YEAR IF UNDER 22 HES NO. SULLA OCCUPATION (Give hid of work dame) N. AGE (In, root) EURDER I YEAR IF UNDER 22 HES N. OTHER INJURY OCCURRED. N. AGE (In, root) EURDER I YEAR IF UNDER 22 HES N. OTHER INJURY OCCURRED. N. AGE (In, root) N. AGE (In, root) EUROPE I YEAR IF UNDER 22 HES N. OTHER INJURY OCCURRED. N. AGE (In, root) N. AGE (In, roo		LEE	R.	LIVINGSTON	OF DEATH A	UGUST	4 '
DIO USUAL OCCUPATION (Gir build of work dame look kind of Bushess or industry) Dio USUAL OCCUPATION (Gir build of work dame look kind of Bushess or industry) Dio USUAL OCCUPATION (Gir build) Retired Farmer Farming R. D. # 1 Salisbury, Md USA 13. FATHER'S NAME Benjamin Peter Livingston Is was deceased ever in U. S. Armed Forcess In was deceased ever in U. S. Armed Forcess Is was deceased ever in U. S. Armed Forcess Is was deceased ever in U. S. Armed Forces in Indian Indi	S. SEX	6. COLOR OR RACE 7 MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	1 1 1	ER TYEAR IF UNDER 24 HRS
A MOTHER'S NAME NAM	Male	White wipo	WED DIVORCED	March 2,18	77 8		Days Hours Min
ATTENDING COUNTY HOLD IN THE STORY OF THE PROTECT O	100. USUAL OCCUPAT	ION (Give kind of work dane) 10	6 KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State	or foreign country)	12. C	ITIZEN OF WHAT COUNTRY
13. AMOTHER'S NAME	Ketire	d Farmer	Farming	R.D.# 1	Salisbur	y Md	USA
15. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).	13. FATHER'S NAME						
Time	Benjan	nin Peter Liv	vingston	Martha C	arey		
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: AUTOMOTION DUE TO Carditions, if any, which gave rise to immediate couse (o), stating the under couse (o), stating the under (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO W N/A 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18) OK CONTRIBUTING CAUSE OF DEATH N/A 20c. TIME OF INJURY Month, Day, Year Part II. NOT While DISEASE CONDITION G. COUNTRIBUTING COUNTRIBUTING CAUSE OF DEATH N/A 20c. TIME OF INJURY Month, Day, Year Part OR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COUNTRIBUTING Countribution Countributi	15 WAS DECEASEDEV (Yms, no. pr unknown) UNK		16. SOCIAL SECURITY NO.	ş.Maurice_H		Daughte	
DUE TO Carditions, if any, which gave rise to immediate couse (a), stating the under: Due to	18. CAUSE OF DE	ATH Enter only one couse per	r line for (a), (b), and (c).]	the region and	, 001213		INTERVAL BETWEEN
DUE TO Cariditions, if any, which gave rise to immediate couse (o), string the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART II. O PERFORMANCE PREPARED PREPARE	PART I. DE	ATH WAS CAUSED BY:	mit we a cle	al doan	Ation		ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO MEDICAL EXAMINER NOTIFY NOTIFICAL EXAMINER NOTIFY NOTIFICAL EXAMINER NOTIF	1-1-	1	ALT I CALL		/		1 14 4 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G.VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO MY 200. ACCIDENT WAS UNDERLYING ALSO OF DEATH OR ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G.VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO MY 200. ACCIDENT WAS UNDERLYING ALSO OF DEATH OR ON TRIBUTING ALSO OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER) 201. THE OF INJURY Month, Day, Year 201 INJURY OCCURRED 200. PLACE OF INJURY (Home, form, 201 (City or town)) (County) (State of work and w	Canditions, if	ony, which)	Rence have	1 anteres	dence		7
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH VALUE COUNTRIBUTING CAUSE OF DEATH VALUE	gave rise to	immediate (8	1 5-01 5-01	12,000,		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO WEST NOT NOT CONTRIBUTION OF CONTRIBUTION O		The Under-					
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o.m., N/A 19 While at work at wor	PART II. O'		IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE COND	IT ON G.VEN IN P	ART 1(a) 19 WAS AUTOPSY
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of INJURY (Home, form, 20f (City or town)) (Stote) 21. I certify that (I) (this haspital) attended the deceased from 1/2 May 19 Dr. Robert 1900, and that death accurred 1900 to 1/2 May 1900 to 1/2 Ma	통						
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of INJURY (Home, farm, 120f (City ar town)) (Stole) 10c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of INJURY (Home, farm, 120f (City ar town)) (Stole) 10c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of INJURY (Home, farm, 120f (City ar town)) (Stole) 10c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of INJURY (Home, farm, 120f (City ar town)) (Stole) 10c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of While of Injury, Stole) 21. I certify that (I) (this haspital) attended the deceased from Month of Injury, Injur	20g. ACCIDENT W	AS UNDERLYING [] 206. D	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Port I or Port II of its	em 18)	, – ,
21. I certify that (I) (this haspital) attended the deceased from		Y MEDICAL EXAMINER)	N/A				
21. I certify that (I) (this haspital) attended the deceased from 1960 to 1960, that (I) (we) loss sow the deceased alive on 12 aligned 1960, and that death accurred 1960, from the causes and on the date stated above 220 Signetifies 1960, and that death accurred 1960, from the causes and on the date stated above 22b DATE SIGNED 1960 1960 1960 1960 1960 1960 1960 1960	20c TIME OF INJU		E.			n)	(County) (State
sow the deceased alive on 12 dustres 1800, and that death accurred 1800, from the causes and on the date stated above 220 SCHAFTE AUG. 22th DATE SIGNED 22th PHYSICIAN'S NAME (Type) Dr. Robert Adkins Pruitland, Naryland 22d. Address Pruitland, Naryland 23d. BLR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Aug. 18/1960 Union Cemetery R.D.# Salisbury, Naryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REG.STRAR'S SIGNATURE	O nout o.m.	N ≠ A 10 1'.''	110 1401 411110	77 / 4		/A	
sow the deceased alive on 12 duylor 1900, and that death accurred 100 M, from the causes and on the date stated above 220 SCHARLE 220 DATE 220 PHYSICIAN'S MD ATTENDING MEDITECTOR PHYS Aug. 1960 221 PHYSICIAN'S NAME (Type) Dr. Robert Adkins 222 PHYSICIAN'S NAME (Type) Dr. Robert Adkins 223 NAME (Type) Dr. Robert Adkins 224 ADDRESS Fruitland, Naryland 235 NAME (Specify) Aug. 18/1960 236 NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Aug. 18/1960 237 NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Aug. 18/1960 238 NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Aug. 18/1960 240 NAME OF CEMETERY OF CREMATORY 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE HOLLOWAY BY COMMON NAME OF CEMETERY OF CREMATORY 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	21. I certify th	at (I) (this haspital) atte	ended the deceased from	Comment 19	60 to Aug	ust 19	(10 that (1) (met las
ATTENDING MED THYS AUG. STAFF SIGNATURE AND PHYS MED DIRECTOR PHYS AUG. 1960 22c PHYSICIAN'S NAME (Type) Dr. Robert Adkins 22d. Address Fruitland, Maryland 23d. BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Aug. 18/1960 23c. NAME OF CEMETERY OR CREMATORY BULL 21 AUG. 18/1960 23c. NAME OF CEMETERY OR CREMATORY BULL 21 AUG. 18/1960 23d. LOCATION (City, town, or county) (State) BULL 21 AUG. 18/1960 23d. PUNCHARAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURE HOLL OLLAY RECOMMENDATIVE		A 400	/ /				
MD PHYS M DIRECTOR PHYS Aug. /1960 22d. ADDRESS PAME (Type) Dr. Robert Adkins Fruitland, Maryland 23o. BLR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Aug. 18/1960 Union Cemetery R.D.# Salisbury, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 25b. REG.STRAR'S SIGNATURE		17 11		dedili decorre di alla	, wom the co	JOSES ONG ON T	22b DATE
22c PHYSICIAN'S NAME (Type) Dr. Robert Adkins 22d. ADDRESS Fruitland, Maryland 23d. BUR AL, CREMATION, 23b. DATE THEREOF AUG. 18/1960 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Aug. 18/1960 Union Cemetery R.D.# Salisbury Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURE	Polis	- 1. / 1114	las	M D PHYS M	ED STAF	F - A110'.	
23a. BLR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Aug. 18/1960 Union Cemetery R.D.# Salisbury, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REG.STRAR'S SIGNATURE HOLLOWAY R. COMPANY				22d. ADDRESS			
REMOVAL (Specify) Aug. 18/1960 Union Cemetery R.D.# Salisbury, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REG.STRAR'S SIGNATURE HOLLOWAY & COMPANY	NAME (Type)	Dr. Robert A	Adkins	Fruitla	nd, Mary	land	
Durial Aug. 18/1960 Union Cemetery R.D.# Salisbury, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. REC'D BY REGISTRAR 25b. REG.STRAR'S SIGNATURE HOLLOWAY & COMPANY SATURDING MARYLAND			23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (C	ity, town, or county	r) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE			0 Union Ce	meterv	R.D.# S	alisbur	v. Maryland
HOLLOWAY & COMPANY SALISBURY MARYLAND PATEUR 22'50	24. FUNERAL DIRECTO						
	HOLLOWAY	& COMPANY	SALISBURY MA	RYLAND DATE	22'60	Octhur 8	Kensek

hs after death. Page 4 the attending physician and completely filled in by the funeral director. Then please remove carban papers. Pages 1 ohd 2 shauld be filed with may by Tined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VR A15 (4) ISM 9/S9



(Stote)

2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)

23d LOCATION (City, town, or county)

250. REC'D BY REGISTRAR AUG 2 2 '60

Randolph, Vermont

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

OR ETTINDING PHYSICIEN: The law requires that the death centificate be executed within 24

after death. Page

PLACE OF DEATH,

ar attending physician. peu

MEDICAL CERTIFICATION

230 BURIAL CREMATION.

HOLLOWAY

REMOVAL (Specify)

24, FUNERAL DIRECTOR'S SIGNATURE

236 DATE THEREOF

COMPANY

960

ADDRESS

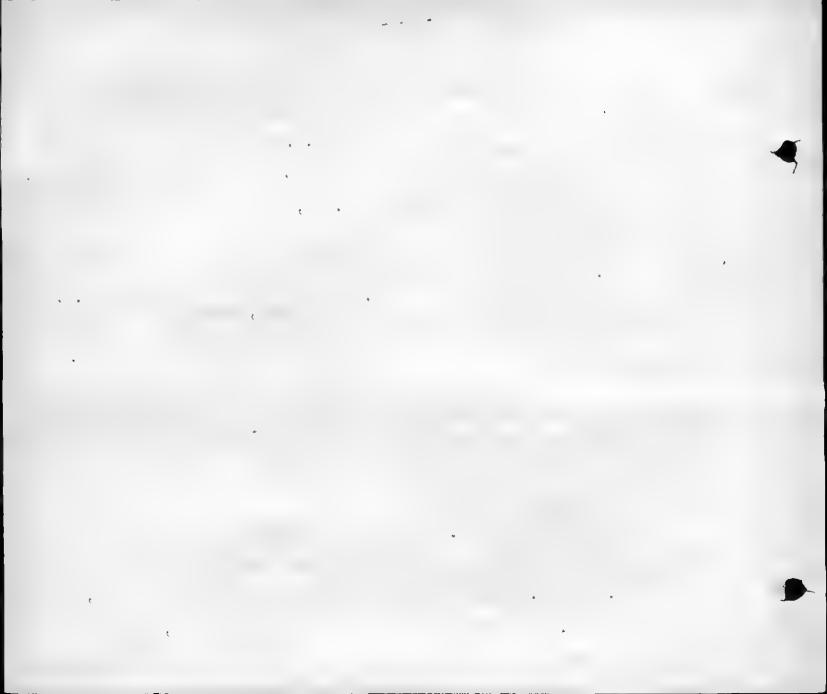
SALISBURY

MICEMICO	MARYLAND	Maryla	nd	Wicomico
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	COCITY OR TOWN (IF outs	side corporate limits, write RUR	AL and give nearest tawn)
S17415BCR4		Parson	sburg (Rural	.)
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress) /	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
TENINSULA GENERAL	HESPITAL	R.D.#	1	YES X NO
NAME OF First	Middle	A clast	I. DATE Month	Day Yeor
(Type or print) PLARGARET WH	ITAKER ///	Cullevan	DEATH ALCC	57/8 1960
SEX 6 COLOR OR RACE 7. MARRI	ED 🔯 NEVER MARRIED 🔲	8. DATE OF BIRTH	lost birthdoyl L	UNDER 1 YEAR IF UNDER 24 HRS
TEMPLE CLAITE WIDOWE	D DIVORCED	Jan. 16, 189	96 64 yrs "	Notifies Days Floors Will.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	(IND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
octor - Physician		Virginia		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Joseph J.Lawrence		Nancy Dixe	on	
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17	NFORMANT	Address	-howald D # 3
Unk	D.	Randrick Me	ourrongutun	spand/u.p.# T
18 CAUSE OF DEATH [Enter only one couse per Inc	e for (a), (b), and (c) 1	Parsonabur	2, Herry Letter	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Ca . A Compara	pl the X	June 16	ONSET AND DEATH
IMMEDIATE CAUSE (o)	TT RESEL FUCE	* * / 000	-	12 11-0.
1 . 2 /		,		
Conditions, if any, which (b) (b)		· ·		
couse (a), stoting the under-				
lying couse lost. (c)				
PART II, OTHER SIGNIFICANT CONDIT ONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	ALD SEASE CONDITION GIVEN	I IN PART I(o) 19. WAS AUTOPSY PERFORMED?
LEWIEVERSCE Los	The HERN	Tileec	0. 2.2	YES NO IS
	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in Po	rt I or Port II of item 18.)	,
OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A			
20c TIME OF INJURY Month, Day, Year 20d. IN		ACE OF INJURY (Home, farm,	20f (City or town)	(County) (State)
Hour a.m. N/A 19 While at work		clory, street, office bldg., etc.)	N/A	
21. I certify that (I) (this haspital) attended		10	in tien It	. 19 6 Cthot (I) (we) lost
saw the deceased alive on 1:11	6 /	/ /0	from the advance and	
22a/\$ GNATURE	Ong that	Jeon occurred only Z,N	i, irom the couses and	on the date stated above. 22b DATE
12mg + 3		M.D PHYS MED DIRE	STAFF	Rect 18 141
22c. PHYSICIAN'S	75-6	22d. ADDRESS	CTOR PHYS	1 19 19 19 19 19 19 19 19 19 19 19 19 19
Dr. David J. Gilme	nne.		Center Sal	ishury Maryla

23c NAME OF CEMETERY OR CREMATORY

South View Cemetery

MARYLAND

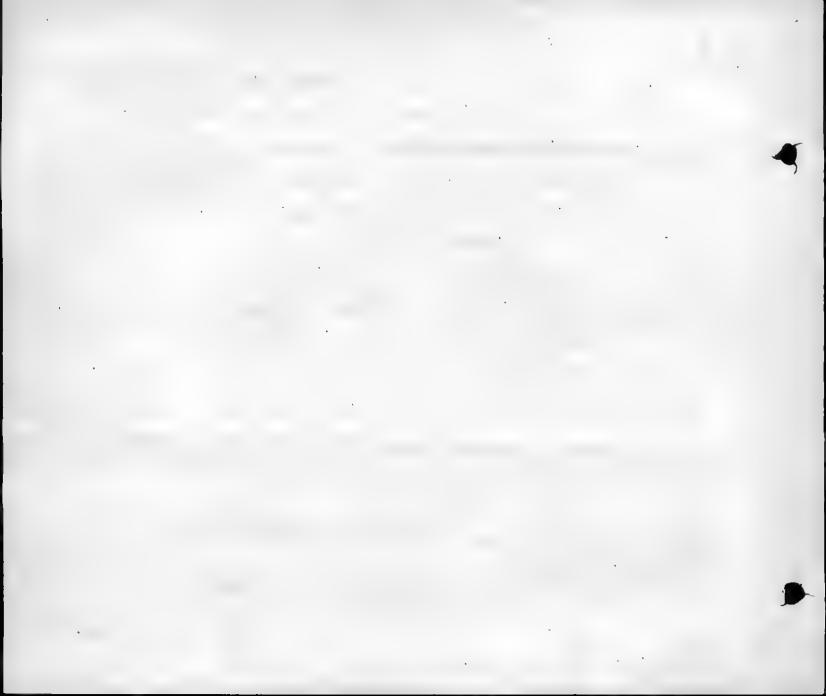


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

09724

			407 76	A 47	CERTIFIC	AIE	JE DEAT	п				
1	1 PLACE	OF DEATH	4			II a. !	JAL RESIDENCE (Where decease	d lived If inst		e befare admis	sian)
ソ	LU	1COW		ts 1 em	MARYLAN	40	_ WIRE	SINIA		HCCO	MACK	
		AT our days use	autside carporate limits arest tawn)	, write c. LEN	IGTH OF STAY IN	lb c	ITY OR TOWN (ηį
	SQ.	A SOLL R	LL (IE of in haspital, giv	re street address)	DAYS	- I d.	STREET ADDRESS		NEW_	CHURC	e. IS RES	SIDENCE
e L	Per	INSTITUTION SP	Lagen	eralt	lospita		91.001.00			, ¥	ON A	A FARM?
	3. NAME DECEA	ASED	First	-	Middle		Last	4. DATE OF	A.	Month	Day	Year
		or print)	JAMES		AIGE	m	likes	DEATH	MUU	USL	YEAR IF UND	1966
4	S. SEX	1	F est. 4.1		NEVER MARRIED [OF BIRTH	1007	9. AGE (no	py) Months	Days Haurs	Min.
	10a. USU	AL OCCUPATIO	N (Give kind of work do	WIDOWED and 10b. KIND C	-	7 761	BIRTHPLACE (St	1801	CAM	yrs 12 CITIZ	EN OF WHAT	COUNTRY
	durir	ng mast af warki	ng life, even if retired)	FARN		7DOSIKI II	VIRG		,,,		S.A.	
		ER'S NAME	•	Luku	1140	14. A	OTHER'S MAIDE				, O., IT.	-
	W	ESLEY	S. MIL	ES			ANNI	E TAY	HOR			
	15 WAS [Yes no. or		IN U.S. ARMED FORCE		SECURITY NO.	7 INFORMA	NT			Address		
1	_N	0		231-4	6-3100	VERNO	$M_{\omega_{i}}$	miles	, HOR	SEY,	IRGIN	VIA
	1B. 4		TH [Enter only one cau	se per ling far (a	1), (b), and (c).		1000		/11	_ ' '	ONSET AND	DEATH
		PAKI I. DEAI	H WAS CAUSED BY, IMMEDIATE CAUSE (a)	12011	way	14	well.	non	uru,	260	Con	202
		الميان الميان الم	DUE TO	11/10	1 malla		1/6	180	10/0	_	201/	8-
		nditions, if an ve rise to in	mediate	Cyn	NUOSV	0-0	g seg		~~~	1	y	<u> </u>
١,		se (a), stating I na cause last.										
)	1		J (c). ER SIGNIFICANT COND	ITIONS CONTRIB	BUTING TO DEATH	BUT NOT RE	LATED TO THE TE	RMINAL DISEAS	SE CONDITION	GIVEN IN PART	1(a) 19, WAS	AUTOPSY
	CERTIFICATION SOLUTION										_	ORMED?
	20c	ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	06. DESCRIBE H	IOW INJURY OCCU	JRRED. (Enter	nature of injury	in Part I ar Pa	rt It of item 18.	.)		
			MEDICAL EXAMINER)									
	WEDICAL 20c.	TIME OF INJURY	Manth, Day, Year		OCCURRED 200		INJURY (Home, 6		y ar tawn)	(C	ounty)	(State
	WEI	p. m.	19	at wark at								
B	21	certify that	(I) (this haspital)	attended the	e deceased fro	m. Lila	42-	1960 101	aug. 11	19.b.	D that (1) ((we) las
/	100000	the decease	ed alive an ad	1	9 2 Pand th	at death o	curred at LL	M, fram	the Jauses	and an the		
	720	SIGNATURE	11/28/1	110		M.D. P	TTENDING TYS.	MED.	STAFF PHYS.	811	1.60	86. DATE SIGNE
		PHYSICIAN'S	1 DR	. /			d ADDRESS	DIRECTOR L	1) 12		-	
		NAME (Type)	4.H.BI	rele			THUR	well	U	ner		
	REM	IAL, CREMAT OF	0 1		NAME OF CEMETER		m 10 - 1	23d LOCA	TION (City, to	wn, ar caunty)	(Sto	(e)
	24 FUNE	RIAL DIPECTORS	SIGNATURE		LSON C	EMET	ER4	EC'D BY REGIS	TPAR TOCO	REGISTRAR'S SIG	NATIOE	De_
à,	RA	118-11	Water	0	NOKE CIT	m n		AUG 1 6 1		Cathur &		
1		-U/_/VA	1000001	OCOT	HOINE OIL	עייין	NO.IL	nou lo		- Tabustanias NO.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence before admission) filed o. COUNTY o. STATE b. COUNT₩ MARYLAND eral b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town? å RURAL and give negrest town) 5 70 155UK d NAME OF HOSPITAL (If not in bospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OPINSTITUTION ON A FARM? 25 ENINSE YES NO NAME OF 4. DATE Month First Year Last Day Filled DECEASED death. DEATH (Type or print) 19 S SEX 6. COLOR OR RACE 9 AGE (In years ast, birthday) IF UNDER TYEAR IF UNDER 24 HRS elely 7 MARRIED MEVER MARRIED 8. DATE OF BIRTH offer Months Days DIVORCED | WIDOWED comple 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRA BIRTHPLACE (State of fareign coun 12. CITIZEN OF WHAT COUNTRY? iging most of working life, even if retired) pup 14 MOTHER'S MANDEN NAME ğ 13. FATHER'S NAME COL physician IS WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 1791. no or unangum) (If yes, got for or dates of service) гетом 17. INFORMANT ottending please CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED 8Y: days LAMEDIATE CAUSE to the DUE TO ģ Conditions, if any, Which gned gave rise to immediate **DUE TO** cause (a), stating the underlying couse last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES NO T 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street affice bldg, etc. Hour o. m While Not while at work at work 21 I certify that (1) (this haspital) attended the deceased fram____ 19 C that (I) (we) last ta detached saw the deceased alive an FM, from the causes and an the date stated above and that death accurred at by the DIRECTOR: 22a SIGNATURE S GNED STAFF MED DIRECTOR M.D PHYS ned Board 27c PHYSICIAN'S 22d. ADDRESS plaous NAME (Type) TO FUNERAL page 3 sh the State (7) OF CEMETERY OR CREMATORY CREMATI DATE THEREO CATION (CH ocecounty) (State 256, REGISTRAR'S SIGNATURE 2So. REC'D 8Y REGISTRAR VR A1S {4} 15M 9/59 DATUG 1 5 '60 arthur S. Kraus

that the death certificate



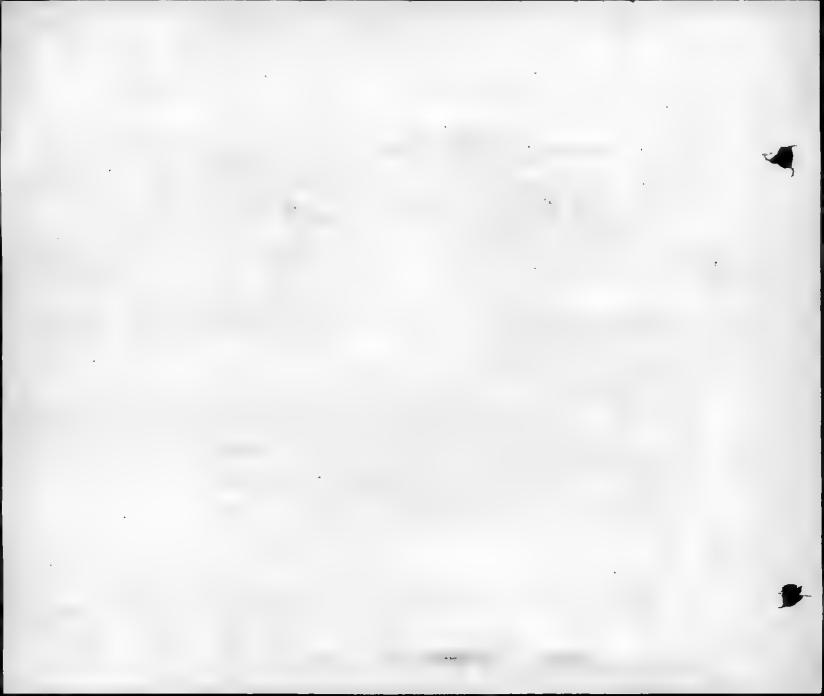
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09726

	1. P	LACE OF DEATH / COUNTY 1 / COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss	ion) /					
1	0	Wiccinico MARYL	AND	O. STATE MARYLAND b. COUNTY / 10rcester	√					
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALLS BURY	N 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town 13 1540 PS)					
3 2	c	NAME OF HOSPITAL (If not in haspitol, give street address) OF INSTITUTION	21	d. STREET ADDRESS e. IS RES	IDENCE FARM?					
		IAME OF ECCASED First Middle ECCASED First Middle	17	Day OF Month Day	Year (9/2 ()					
	S. S	INTINES /		8. DATE OF BIRTH 9 AGE (In years lost birthday) SEPT. 11 - 1905 4 yrs.						
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if relited) FARM ER	RINDUST		OUNTRY?					
	\ 3.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	1	VAN MURRAY	7	NAN ESHAM	_					
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 100 or unknown) (If yes, give war or dotes of service) 220-12-0437	17, INF	MRS LILA MURRAY						
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BE						
		PART DEATH WAS CAUSED BY: Rupture of acrilie aneuryon 3 min.								
		(Conditions, if ony, which) (Continues cleentie Condinues cleente ?								
		gove rise to immediate	عاده	and Carrier and Contract .						
lying cause lost.										
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS.	AUTOPSY RMED?					
	FICAT	Mue.		YES 🗆	ио 🗴					
	L CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED	D (Enter nature of injury in Part I or Part II of ilem 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work		ACE OF INJURY (Home, form, 20f (City or town) (County) clory, street, office bldg., etc.)	(Stote)					
		21 I certify that (I) (this haspital) attended the deceased t	from	15 aug. 1960 to 18 aug , 1960 that (1) (we) last					
		saw the deceased alive on 18 Cura 1960, and		death accurred aff FM, from the causes and an the date stated						
		220, SIGNATURE	M	M D PHYS DIRECTOR PHYS. D	SIGNED					
		22c Physician's NAME (Type) JOSEPH C. FITZGEARL	D	22d. ADDRESS						
	230	BUR A., CREMATION, 236 DATE THEREOF 23c NAME OF CEME REMOVAL (Specify)	TERY OR	OR CREMATORY 23d LOCATION (City, town, or county) (Stote LOWS BISH OP WILLE M	e)					
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE						
	(Human A. Burbage Della	u /	Mich DATEAUG 25 OU " John & King						

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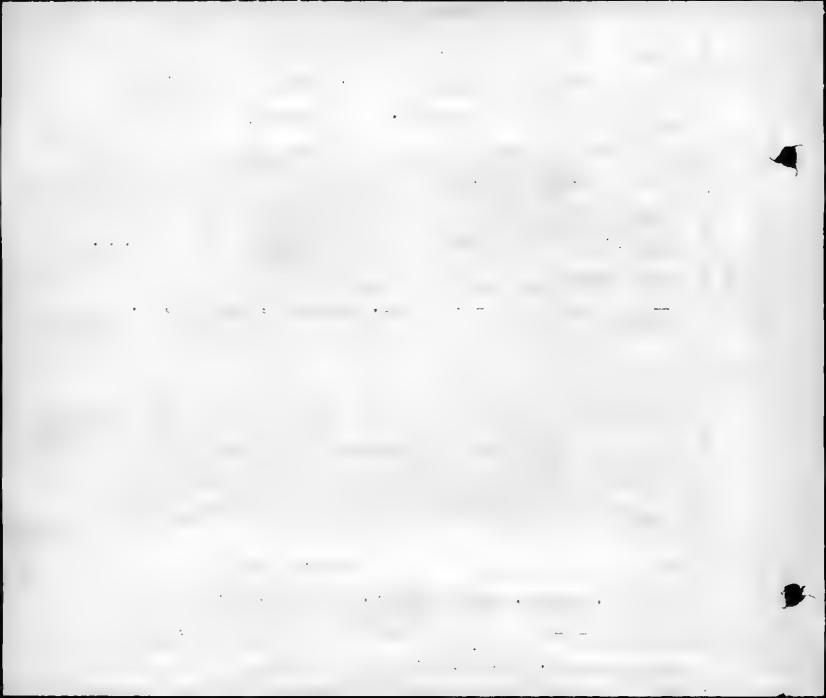
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9776 CERTIFICATE OF DEATH

ten Dist. No. 09727

- [-								Reg. L)(31, 140,	
	1. PLACE OF DEATH a. COUNTY	Wiomico		MARYLA	- 11	USUAL RESIDENCE (Maryland		If institution: Reside b. COUNTY WIOCMI	· ·	-
1	RURAL and give no	f autside carporate limit arest tawn) nsburg	, write	c. LENGTH OF STAY IN		Parson				
	d. NAME OF HOSPIT OR INSTITUTION Rt	AL (If not in haspital, gi	ve street od	(dress)		d. STREET ADDRESS			e. IS RESIDER ON A FAI YES NO	RM?
	3 NAME OF DECEASED (Type or print)	Firs RHODA		MITCHELL.	I	PARSONS	4. DATE OF DEATH	Month 8	Day Year 9 19	60
L	5. sex Female	White	WIDOWED		O A	oril 22,189	4 6	birthday) Manths yrs.	R I YEAR IF UNDER 24	
	House Wi	ing iira, even ir retiredj		Home		Maryl	and		ITIZEN OF WHAT CO	UNTRY?
1	13. FATHER'S NAME				1	4 MOTHER'S MAIDEN	NAME			
X	Sharp Mi		FS2 14 60	OCIAL SECURITY NO.	17. INFO	Nettie		Address		
	(Yes, no. or unknown)	If you give war or dates of set None TH [Enter anly one cau	217	7-14-8260		Ben Parson	s , Parso			
	Conditions, if an gave rise to it couse (a), stoling lying cause lost.	mmediate (DUE TO		arterior	len	Hent	Deser	nt fuhr	ONSET AND DE	A IB
	PART II. OTH	ER SIGNIFICANT COND	oitions <u>co</u>	1	H BUT NO		AINAL DISEASE CON	IDITION GIVEN IN PA	RT I(o) 19 WAS AUTO PERFORME YES NO	ED?
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCR	RIBE HOW INJURY OCC	URRED (E	inter nature of injury in	Port I or Port II of	item 18)		
	ZOC. TIME OF INJUR Haur o. jr. p. m.	Y Month, Day, Year 19	While	URY OCCURRED 20 Not while at wark	e. PLACE factory	OF INJURY (Home, for , street, office bldg., et	m, 20f. (City or to	wn)	(County) ((State)
4	21. I certify the alive on	Enest	deceased 1964	from 9/3	eath oc	1956 to curred at 4:00 Delmar, I	M, from the	causes and on		ceased above signed
	PHYSICIAN'S NAME (Type)	Dr. Ernest	M. La:	rmore Grov	re St	., Delmar,	Delaware			
	220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 225. DATE THEREOF		22c. NAME OF CEMETE Farlow's Co			Pittsv	City, town, or county)	Land (Stote)	
2	23. FUNERAL DIRECTOR			ADDRESS			D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE	
	Hill & J	ohnson Co.	Salis	bury, Mary.	Land	DATE A	UG 1 2 '60	i ilun 1	2 Kine	

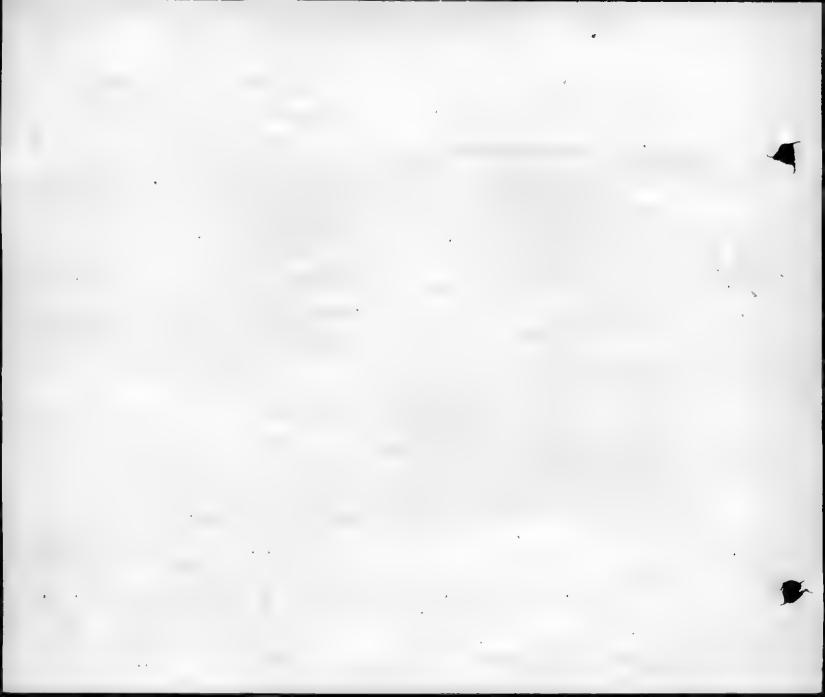


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09728

o, COL	OF DEATH UNTY Wisemise	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary L	ere deceased lived. If institution Reside b. COUNTY			
b. CITY	Y OR TOWN (If outside corporate limits, write	ueen Anne's					
RUR	AL and give nearest town)	c. LENGTH OF STAY IN 16					
d NA	Salisbury ME OF HOSPITAL [If not in haspital, give street	118 days	d. STREET ADDRESS	16	. IS RESIDENCE		
OR	INSTITUTION		U. SIRCEI ADDRESS	17	ON A FARM?		
	Deer's Head State Hos	pital	<u> </u>		YES NO		
3. NAME DECEA (Type o	of First SED print) Dorothy	Middle -	Paul	4. DATE Month OF DEATH AUP.	22 19 60		
S. SEX	6. COLOR OR RACE 7 MARI	RIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS		
F	Female Colored WIDOW	ED DIVORCED	5-21- 3	lost birthdey) Months	Days Hours Min.		
Oo USU	AL OCCUPATION (Give kind of work done 10b ig most of working life, even if refired)		STRY 11 BIRTHPLACE (Stale	or foreign country) 12. Cl7	TIZEN OF WHAT COUNTRY?		
7	A 5-0 T	none	HCKS	autisher tha	U.S.H		
3. FATHE	R'S NAME		14. MOTHER'S MAIDEN N	IAME	0 4 1		
	An Oliner		201	taronie 1	ratter		
		SOCIAL SECURITY NO. 17.	FORMANT	Address	/		
The sale pr	Unknown) (If yes, give war or dates of service)		Deers 7	Jean Hogy	7)·		
18. 0	CAUSE OF DEATH [Enter anly one cause per li	ne for (a), (b), and (c).]			INTERVAL SETWEEN		
	ONSET AND DEATH						
	Generalized sarcomatosis 1 year						
en.	editions if any affice.						
	re rise to immediate				-		
	g cause last.						
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMI	INIAI DISEASE CONDITION GIVEN IN PA	PT 1/0) 19 WAS ALITOPSY		
SATIO	TAR II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO BENTH 801	NOT REDATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN FA	PERFORMED? YES NO		
	ACCIDENT WAS UNDERLYING TO 20b. DES	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in t	Port I or Part II of item 18.)			
7 20c. T	TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	, 20f. (City or town)	(County) (State)		
<u> </u>	Hour a.m. While at war	IADI WIIIG	ctary, street, affice bldg., etc.	.) [
~	pr 111		Anril 26	60 August 22 and	60		
	certify that (I) (this haspital) attend			60 to August 22, 196	* * * * * * * * * * * * * * * * * * * *		
	the deceased alive an Aug. 22	19 <u>60</u> , and that a		M, from the causes and on th			
220	SIGNATURE V: LLCTUL	au	ATTENDING ME	ED STAFF PHYS PHYS	22b. DATE SIGNED 8/22/60		
	PHYSICIAN'S NAME (Type) V. Juerman,	M. D.	Deer's	Head Hospital; Sali	isbury, Md.		
	AL, CREMATION, 236 DATE THEREOF	290 TOWN OF SEMITERY	CREMATON	23g LOCATION (City, town, or county)	(State)		
	Wall Specify 8- 40	1 Town 1	Dist Com	resonnie	le 7ED		
	KAL DIRECTOR'S SIGNATURE	ADDRESS /	250 REC'I	D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE		
1:	Trafer AMCOles	LY alister	DATE AND				
			JELJE II DAILENNE				

9 ofter death. Page 4 the attending physician and campletely filled to by the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN; The law requires that the death certificate be menuted within 244 ned by the haspital ar attending physician. TO HOSPI VR A15 (4) 15M 9/59



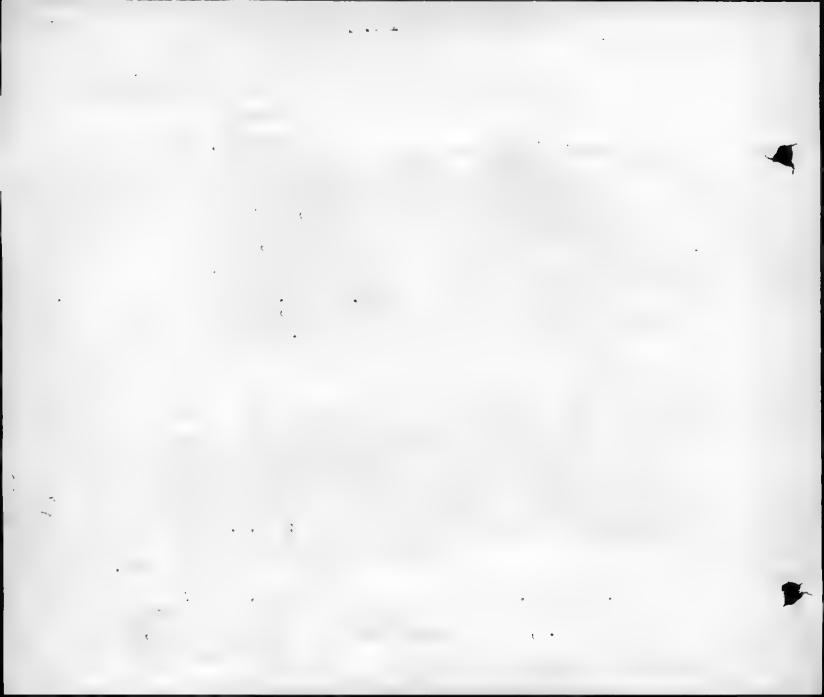
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y filled to by the funeral director, ages 1 and 2 shauld be filed with campletely filled

s ofter death. Page 4 TO HOSP OR ATTINEING PHYSICIAN: The low requires that the death certificate Te Executed within 24 may be recovered by the hospital or ottending physician

TO TUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compared filled page 3 shauld be detached for use as the burial-transil permit. Then please remove corban papers. Ages 1 the State Board at Health prior to burial, crematal, and in any event within 72 hquirester death VR A15 (4) 15M 9/59

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	PLACE OF DEATH a. COUNTY W 1	comico		MAR	(LAND	usual residence (Who a. STATE Mary]		d lived If institute 5. COUNTY	on: Residence b		·)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Salisbury					IN 1b	colty or town (IF a			URAL and give	nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Pen Gen Hosp						d. STREET ADDRESS Camden Ave. Ext				e. IS RESID ON A F	ARM?
			<u> </u>			7	T				
3. NAME OF DECEASED (Type or print)		WILLIAM		Middle DAVID		PET ITT	4. DATE OF DEATH		AUGUST 29th		or 60
5	Male		· MARRI	ED NEVER MARRI		DATE OF BIRTH May 22, 18	374	9. AGE (In years last birthday)	Manths Da	ys Haurs	24 HRS Min
10-					_	Y 11 BIRTHPLACE (State			12 CITIZEN	OF WHAT CO	LINITDWO
-	_ during mast of work	ing life, even if retired)	ne IUD I	Farming	K INDUSTR	Snow Hill		ryland	U	S A	JNIKTY
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME					
_	Da <mark>vid Pe</mark> t					No Recor					
(Ye	WAS DECEASED EVER s. no, or unknown)	IN U. S. ARMED FORCE If yes, give war at dates of servi		6-40-365	4 Mr	Edna M. F alisbury. F	Petit	t(Wife)	Camden	Ave.	Ext
CERTIFICATION	Candifions, if argave rise to ir couse (a), stating t lying cause lost. PART II OTH	he under- DUE TO (c)	TIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	VEN IN PART 1(c	D) 19. WAS AUPERFORM	AED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY	CAUSE OF DEATH		RIBE HOW INJURY O	,	Enter nature of injury in			IP*		(State)
MEDICAL	Hour a.m	19	While at wark	Nat while		y, street, office bldg., etc		or town)	(Cour	niy;	(Sinie)
	sow the deceos 22g. SIGNATURE 22c PHYSICIANS NAME (Type)	(I) (this hospital) ed alive on 29. Robert T.	Aug	19/20, and Jake		ATTENDING M	ED.	29 Johns the couses do STAFF PHYS	- 1	22b.1	,
230	BURIAL CREMATION REMOVAL (Specify) Burial	Sept.1.1	960	23c NAME OF CEM		crematory orial Park	-	TION (City, town, alisbur		(State)	
24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIS		STRAR'S SIGNA	ATURE	
Ī	HOLLOWAY	& COMPANY		SALISBUR	MAE	YLAND DATE	SEP 1	'60	Tithing 8	Hanes.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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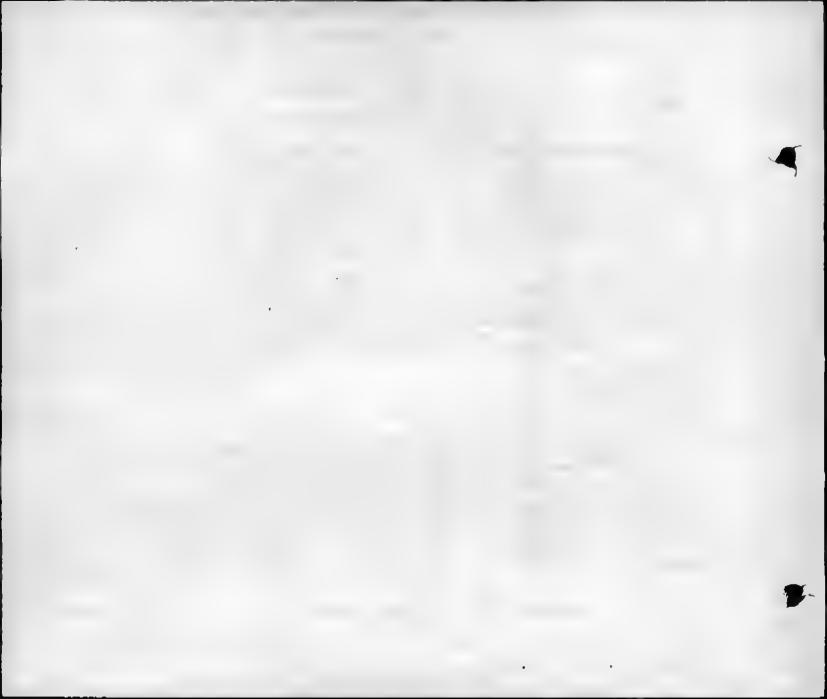
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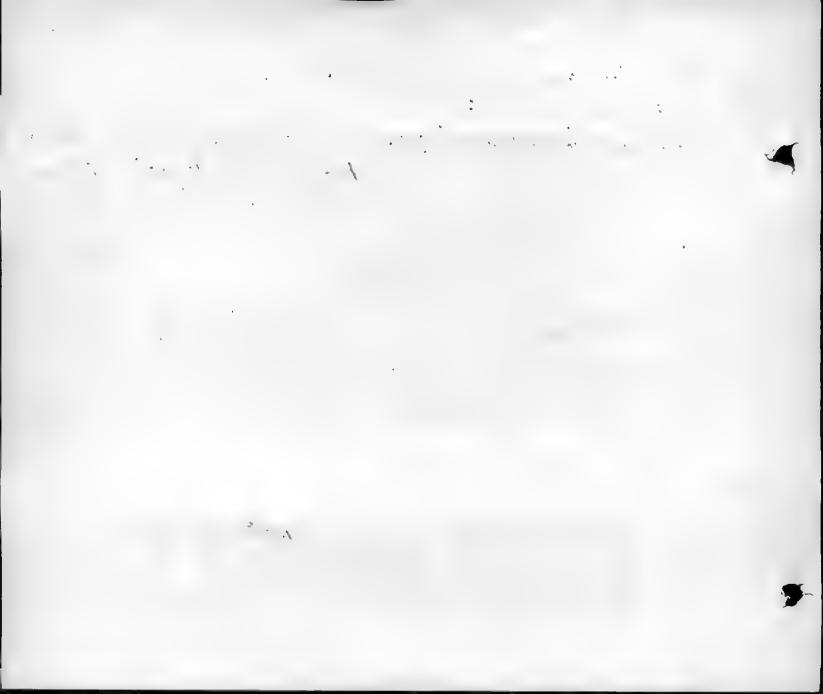


FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmission) e. COUNTY com 1 THE VEATER b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director, write RURAL and give neerest town) 90 15 BURY d. NAME OF HOSE TO e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED with the and 2 with the 72 hours after of (Type or print) DEATH 19 🕻 9. AGE (In you) HIF UNDER 1 YEAR IF UNDER 24 HRS. ast birthday) DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of worked life, even if retired) PM3 FATHER'S NAME EXAMINER: This certificate should be executed within event ARMED FORCES? permit. (Yes, no, or unkown) (Ifyesgivewerordelesofservice) Office along with burial-transit perm No 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), <u>.</u>E ASET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) in pencil removal, **DUE TO** il any, which (b) geve rise to immediate cause 10 DUE TO Examiner SBS (e), stating the underlying 0 couse last. (c) be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word Medical NO TO should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Part II of item 18.) PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. Page 3 s 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20() (City or town) (County) factory, street, office bldg , etc.) Not Whie - 12 19 60 of work should be forwarded to the FUNERAL DIRECTOR: Pa et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion egenf, death resulted from: Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER (EXAMINER'S NAME (Type) Address (Street, city, town, or county) **6926** 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) DE REMOVAL (Specify) ₩ 0 OMGI, REGISTRAR'S SIGNATURE VS. A15ME

LAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND





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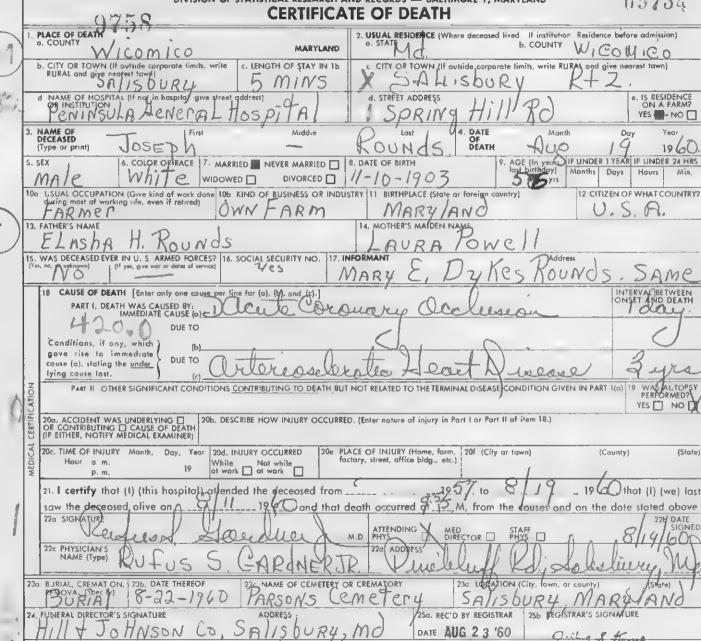
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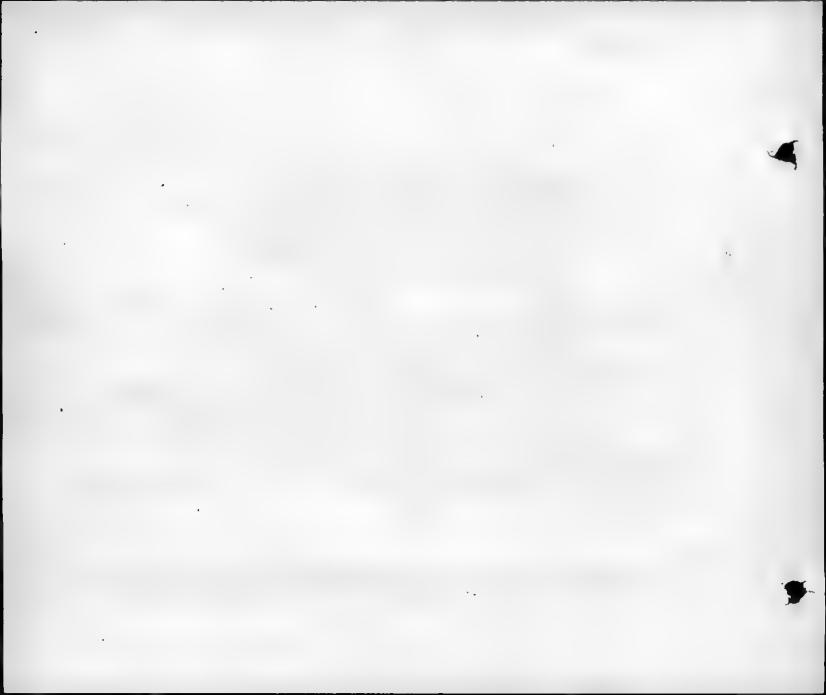
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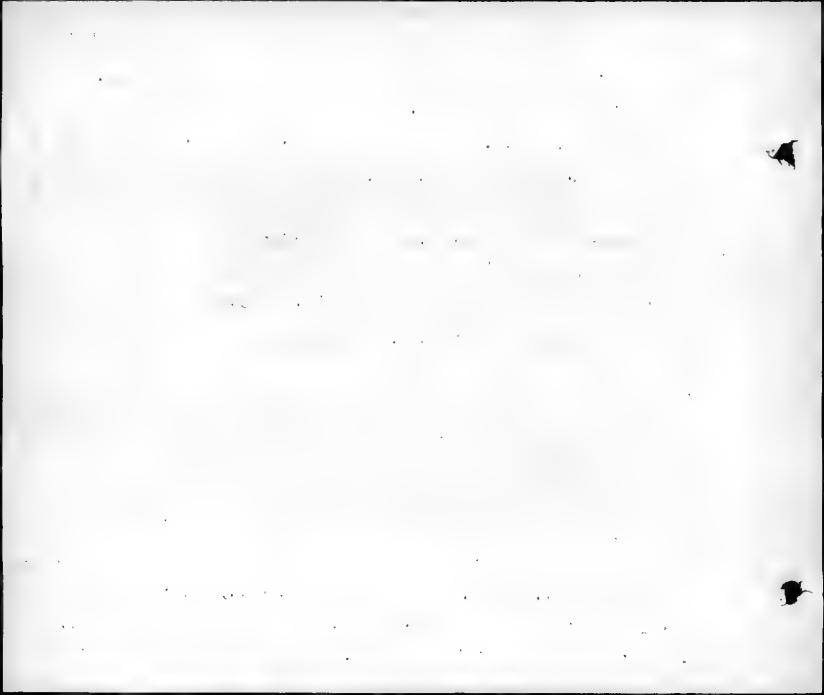
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OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24

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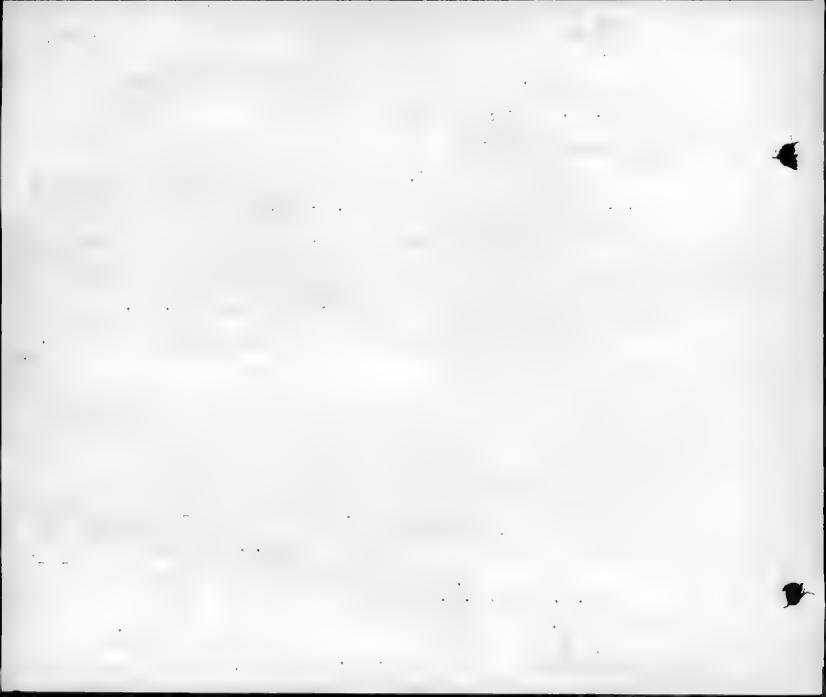
the attending ellysician and campietely filled they the funeral director. Then please remave carban popers. Pages 1 and 2 should be filed with

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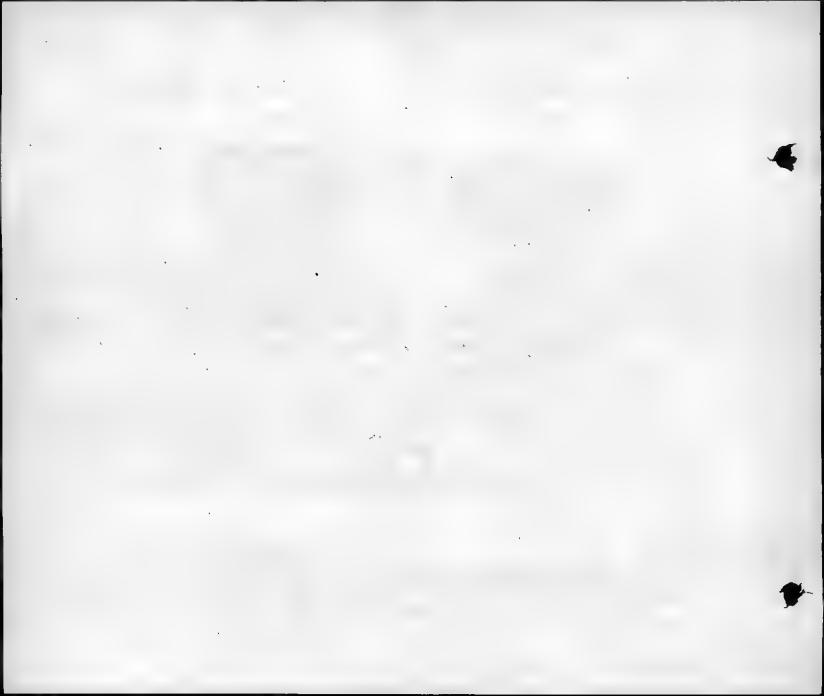
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		NACE OF BEATH	T	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
		PLACE OF DEATH D. COUNTY Wi.C	comico Co.	MA	RYLAND 2	o. STATE Maryla:	'here deceased nd	b COUNTY			ssion)	
	ŧ	b. CITY OR TOWN (If ou RURAL and give neare	itside corporate limits, wr st town)	c. LENGTH OF ST	AY IN 15	c. CITY OR TOWN (If	outside corpo	rate limits, write R	RAL and giv	URAL and give nearest town)		
		Salisbury,	Md.	118 d	ays	Rock Ha	11					
1	1 0		(If not in hospital, give st	reet address)		d. STREET ADDRESS		111	V	e. IS RI	ESIDENCE A FARM?	
1		Deer's Head State Hosp		spital				111	V_ 9	YES	NO 🗆	
	3. P	NAME OF DECEASED	First	Mide	dle	Lost	4. DATE OF	Mor	rth:	Day	Year	
(Type or print) MARY					10	SMITH	DEATH	8		17	19 60	
	5. \$		3-73 a a	MARRIED NEVER MAR		DATE OF BIRTH	0	9. AGE (In years last birthday)		YEAR IF UNI		
	10					an. 1-191		42 yrs				
	10œ	during mout of working	(Give kind of work done.			3.0		ountry)	12 CITIZE	EN OF WHAT	COUNTRY?	
			MITE	Hon		Mary.				USA		
	¥3.	Arthur L				4. MOTHER'S MAIDEN						
				let en mer en men	NO. 17. INFO	Vicker	s uro					
	(Yes		N. U. S. ARMED FORCES? as, give wor or dates of service	16. SOCIAL SECURITY I		_	D 1		lress S.f. o			
					Tho	mar fess-	- ROC.	k Hall,	Md.			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]									ONSET AN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of breast with generalized									2 yrs.		
		1 / "X	DUE TO	metastases								
		Conditions, if any,										
		gave rise to immediate couse (o), stating the under-										
		lying cause lost.) (c)							<u> </u>		
di .	5	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION G!	VEN IN PART	1(a) 19 WAS	S AUTOPSY FORMED?	
×	ICA.									YES [NO D	
	CERTIFICATION	20a, ACCIDENT WAS LOR CONTRIBUTING IT	INDERLYING [] 206. CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Part I or Por	t II of item 18.)				
	3	20c. TIME OF INJURY	Month, Day, Year 2	Od INJURY OCCURRED		OF INJURY (Home, for		or town)	(Co	ounty)	(Stote)	
	MEDICAL	Hour o.m.		/hile Not while	foctor	y, street, affice bldg., et	c.) [
	_		l) (this hosbital) at	tandad the decease	d from	4-21	60 to	8-17	160	_, that (l)	(wa) last	
ø		saw the deceased		3-17 1960 , a								
	Н	220. SIGNATURE		/	id mar dea	3:05	a.m.	THE COUSES OF	id on the	2	22b, DATE	
			the Und	dea	M.E	ATTENDING A	AED.	STAFF X		8-	-17-60	
		22c. PHYSICIAN'S NAME (Type)	V -			22d. ADDRESS De	eer's I	lead Stat	te Hosp	oital		
		terms (-yye)	L. V. Maldy	re. M. D.		S	alisbu	ry. Mary	Land			
	23a	BURIAL, CREMATION,	235 DATE THEREOF	23c NAME OF C		REMATORY	23d. LOCA	TION (City, town,	or county)	(St	tate)	
		- REMATES	Aug. 19	Wesley	Chap	el .	Ro	ck Hall	, Md.			
	24	FUNERAL DIRECTOR'S S	IONIATURE 1	ADDRESS		1	'D BY REGIST	TRAR 25b, REG	ISTRAR'S SIGN	NATURE		
	25	Cagai &	1. Jane	Church H	1111, 1	Md. DATE	22200					
		//				AUT	J -4	-√√	1 A. 761	THAT !		



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24b. REGISTRAR'S SIGNATURE

Colling & Kraus

ON A FARM? YES NOT

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PERFORMED? YES NO

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DATE SIGNED

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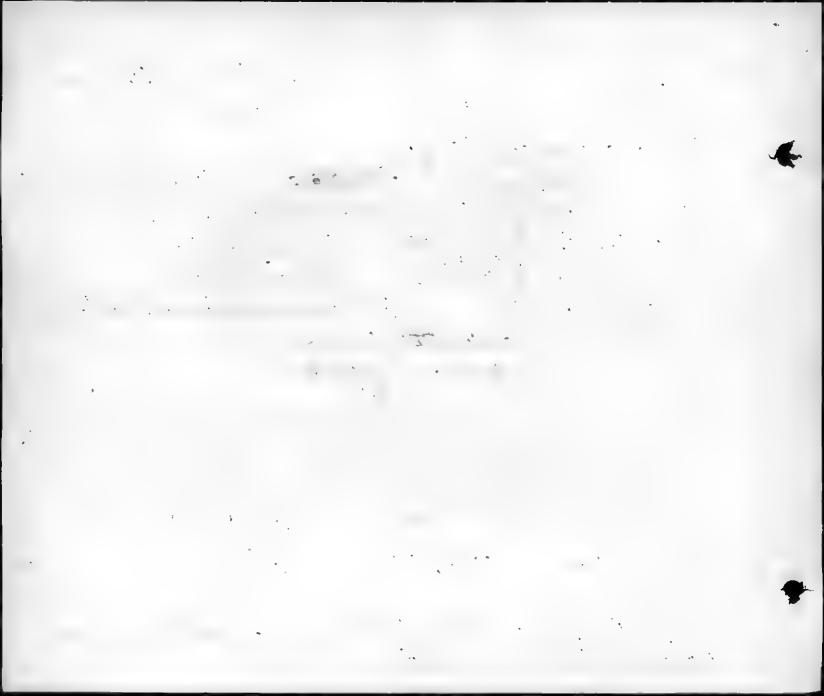
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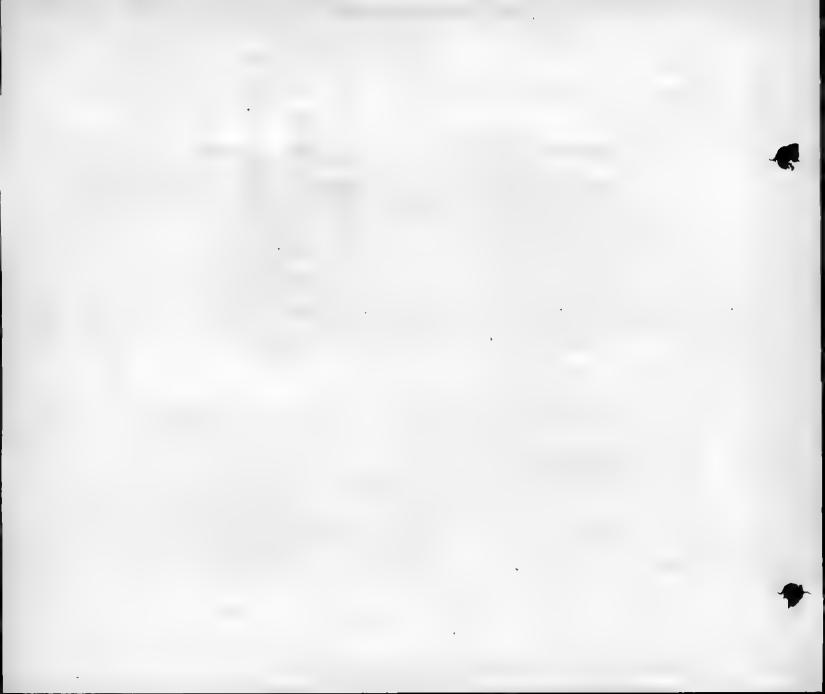
23. FUNERAL DIRECTOR'S SIGNATURE



Reg. Dipt. No. (1974) 9763 **CERTIFICATE OF DEATH** director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND // comico b CITY OR TOWN (if autside carporate limits, write c. CITY OR TOWN-IIf guarde corporate timits, write RURAL and give negrest town) c LINGTH OF STAY IN 16 RURAL and give nearest town) Salisbur d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO T eninsula NAME OF 4. DATE Month Day Yeor DECEASED DEATH (Type or print) 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH mday) Months Days Haurs WIDOWED DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? most of wasking life, even if retiged) FATHER'S NAME 14. MO 15, WAS DECEASED FOR IN W. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMAL Address β b CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) monte DUE TO gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES INO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II ar Part II af item 18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Not while of work of work . 1960 that I last saw the deceased and 21 I certify that I attended the deceased from ... _, 19.60 , ta. _, and that death accurred at 10 LM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DIREC **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION, (City, lowp, or county) 222 NAME OF CEMERERY OR CREMATORY (State) KEMOVAL (Spec 9 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Chilling S. Kraus VS A15 (4) DATEAUG 3 15M 9/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





CERTIFICATE OF DEATH

)	1. PLACE OF DEATH a. GOUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
1,	" Wich micar MARYLAN	Naryland b. county Wordester
Y	b. CITY_OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1	
	RUKAL and give nearest town)	Snow Hill 22X-2
1	d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS Route # 1 . IS RESIDENCE ON A FARM?
	TENINSULA GENERAL HOSPITAL	Peningula General Magnital YES & NO [
	3. NAME OF First Middle DECEASED	DATE Month Day Year
	(Type or print) Naggie	1841TT DEATH 4UGUST 31 1960
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Haurs Min.
	FEMALE NEGRU WIDOWED DIVORCED	
	10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if refired)	
\	Domestic	Maryland U.S.A.
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James T. Collins	Mary Collins
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes no. or unknown) 1 (If yes, give wor or dates of service)	INFORMANT Address
	I No	ben Trutt mow Hell Md.
	1B CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY THYREE YE BYA	Hemorrhage 2440UPS
	DUE TO	
	Canditians, if any, which) the Thrembesis Ri	ght Middle Cevebral Artery 5 days.
	gave rise to immediate (The second secon
	lying cause last.	osis
		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of item 18)
	3 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	≥	PLACE OF INJURY (Hame, farm. 20f (City ar town) (Caunty) (State factory, street, affice bldg., etc.) !
	Haur a.m. While Not while	
	21. I certify that (I) (this haspital) attended the deceased fra	m 2 6 AUR. 1960 to 38 AUR 1960, that (1) (we) los
		it death accurred at 24M, from the causes and an the date stated above
	220 SIGNATURE	22b DATE
	Joseph C. Fitguell	M D ATTENDING MED. STAFF PHYS SIGNED
	22c PUY CIAN NAME (Type)	22d. ADDRESS
		707 Lamden AVE.
,	23a, BURIA., CREMATION 23b. DATE THEREOF 23c NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City, town, or county) (State)
13	REMOVAL (Specify) Burial Sentember 3 1960 Fibe	Nezer Snow Hill Md.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	A 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	Contra to stellost & Ville	J A/A DATE SEP 8 '60 Cirklun & Kraus
	The state of the s	

may be the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled (n by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. a after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A1S (4) 1SM 9/S9



OK N 0	
5 % A & D	23a BURIAL, CREMATION
0 ×5 80 1/	REMOVAL (Specify)
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√		LACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
	C	LUICOMICO MARYLAND	MARYLAND COUNTY DORCES TER
	ŀ	. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
		RURAL and give nearest town) SALISBURY TDAYS	POCOMOKE CITY
1		NAME OF HOSP.TAL (If not in haspital give street address)	d. STREET ADDRESS e. IS RESIDENCE
	P	OR NSTITUTION GENERAL HESPITAL	102 HICKORY ST. ON A FARM?
Ī		IAME OF First Middle	Last 4. DATE Month Day Year
		(ype or print)	TILLE DEATH AUGUST 23 1960
ı	S. S	EX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	ŗ	17- WHITE WIDOWED DIVORCED	JANUARY 9, 1876 84 yrs. Manths Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	1	FARMING	VIRGINIA U.S.A.
ı	13	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
		WILLIAM TULL	CATHERINE SAVAGE
		NAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	SFORMANT 102 HICKORY ST.
)	(.4)	NO - 218-05-8512 M	RS VIOLA TULL DOCOMORE CITY MA
' [П	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c)]	INTERVAL BETWEEN ONSELAND PEATH
		PART I. DEATH WAS CAUSED BY.	Hemorrhage Odays
		MMEDIATE CAUSE (a) DUE TO	J.
- 1		Canditions, if any, which)	to the second
		pove rise to immediate	meres-ecur occ
-1		cause (a), stating the under-	
- 1	z	lying cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	9	TAKE II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	PERFORMED?
	2	20. ACCUPENT MAR MADERIAND ET 201. DECCRIOT HOME INTRODUCTION	YES NO Z
1	CERTIFICATION	20s ACCIDENT WAS UNDERLYING ☐ 20s. DESCRIBE HOW INJURY OCCURREI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18)
	3	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEDICAL	10 AAUG	ctary, street, affice bldg., etc.)
	2	G	any 17 ,60 , ang 23 16 (100 11)
		21 I certify that (1) (this hospital) attended the deceased fram	19 (1) (we) last
1		saw the deceased alive on 1 29 1966, and that a	death accurred at 11 3M, fram the causes and an the date stated above.
Л		(last to the	M D PHYS MED DIRECTOR PHYS. STAFF
7		22c PHYSICIAN'S	M D PHYS DIRECTOR PHYS. 724 60
		NAME (Type)	The state of the s
		DAVID J, GILMORE	SALISIBURY, MARYLAND
	23a	BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY SEMOVAL (Specify)	RY 23d LOCATION (City, town or county) (State),
	E	BURIAY 8-26-60 SALEM MI	ETHODIST YOCOMOKE CITY MARYLAND
	ود	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cuthing S. Films
	B	furt H. Walson POCOMOKE CIT	Y, MD, DATE AUG 29 00 CONTRAT A. TOWN



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -

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1	1. PLACE C
	b. CITY RURA

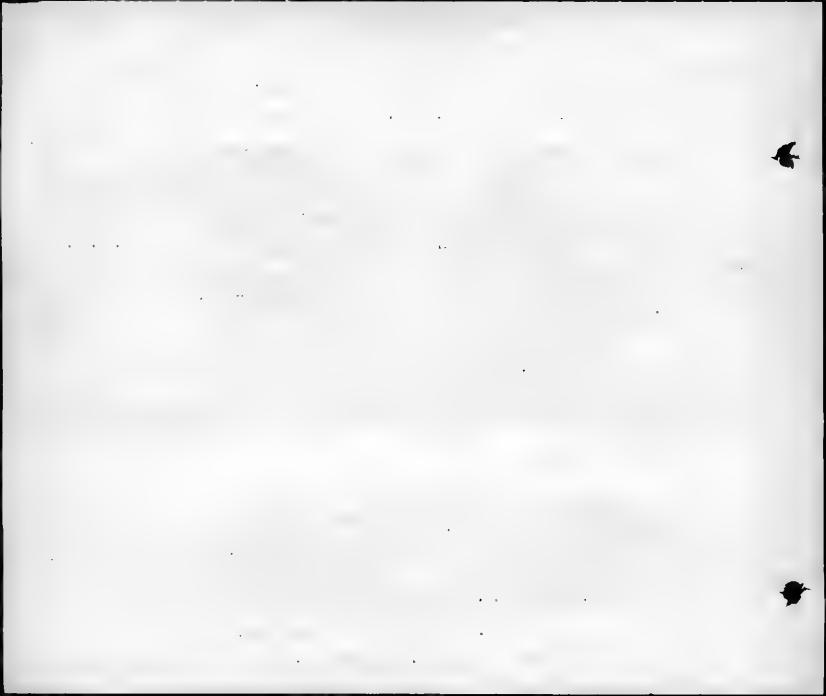
OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) VTY o. STATE b. COUNTY MARTLENS Wicomico Anne Arundel Marvland OR TOWN (If autside corparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) L and give nearest town) Salisbury Arnold d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 1 Deer's Head State Hospital Route NAME OF 4. DATE First Middle Month Day Year DECEASED (Type or print) DEATH Voitek Teresa 60 August 19 ____ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED T DIVORCED [Female White yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 112. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Unk. Czechoslovakia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mathia (deceased) deceased Elizabeth Stephen Novotny 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Engberg-dgt.
tal Records -- Salisbury, IYes on or unknown Unk. None Hospital Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Broncho -Pneumonia Davs IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which [b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS ALTOPSY PERFORMED? YES NO A 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg, etc. Hour o. m. While Not while 19 at work at work p, m . 1960_, that (1) (we) last 21. I certify that (I) [this haspital) attended the deceased fram. 19.60, and that death accurred at 4: M, from the causes and on the date stated above. saw the deceased dlive an 22o SIGNATURE 145P 22b, DATE SIGNED ATTENDING PHYS M.D. DIRECTOR [PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Maldve. Deer's Head State Hospital BURIAL, CREMATION, 23b. DATE THEREOF 23a 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial 960 Redeemer Cemetary. Belair Rd 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR chimunek Funeral Home 2601 E. Madison State AUG 9 Cirthur S. Hears

with director, be filed funeral should the 20 pup filled Pages death campletely after papers. GULS pup physician event, attending please any oug ģ permit. mayal, paub te hos been signality attending physician. 50 certificate as the buri ğ USe ta b 1 1 S by the haspital CTOR: After this ģ prior detached Health IIIIICTOR: ō þe og ned poge 3 shauld the State Board 3 shauld FUNERAL ij. VR ATS (III)

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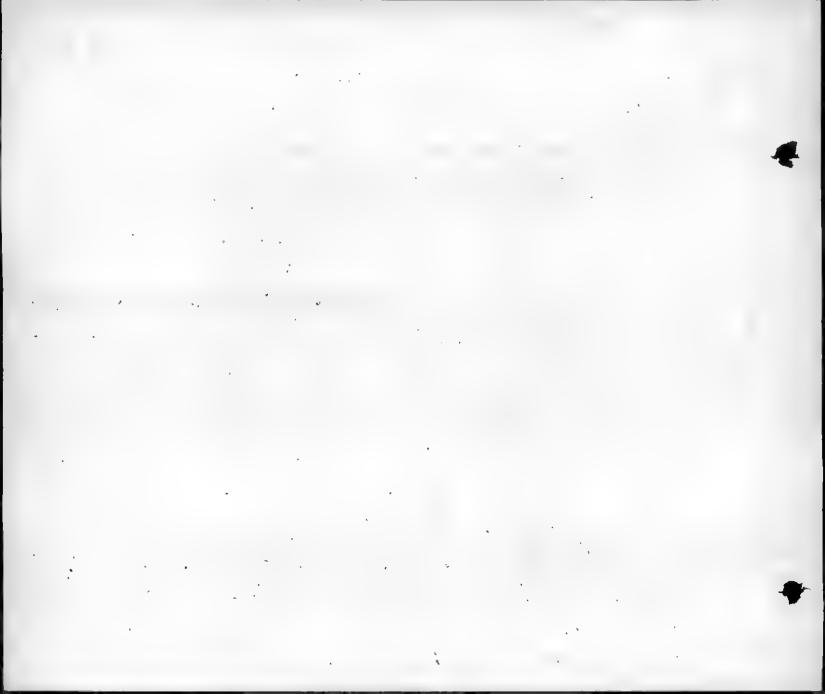
after death. Page

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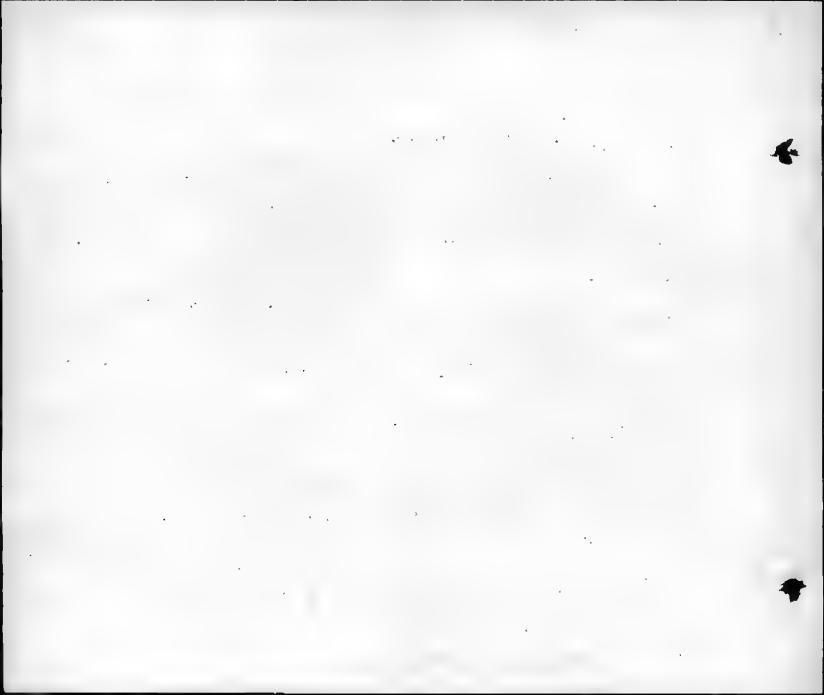
	9768	CERTIFICATE OF DEATH	Reg. Dist.) N. 745
n. Page 4	PLACE OF DEATH "WICOMICO	MARYLAND 2 USUAL RESIDENCE (When Maryland Maryland	e deceased lived. If institution: Residence before admission) b. COUNTY VI CONICO
5 6 8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b. C TY OR TOWN (If autside carporate limits, write c LEN SALISBURY	NGTH OF STAY IN 16 c. CITY OR TOWN (IF out	side carporate limits, write RURAL and give nearest tawn)
s after	d. NAME OF HOSPITAL (If not in haspital, give street address OR INSTITUTION Patrick Avenue, City	d. STREET ADDRESS	venue e. is residence on A FARM? YES NO 2
filled to Eges 1 and	3. NAME OF First DECEASED (Type or print) William		4. DATE Month Day Year OF DEATH August 28 1960
d within letely fills.	5. SEX 6 COLOR OR RACE 7. MARRIED COL. WIDOWED		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. 15 100 Days Haurs Min. 15 10 Days Min.
mx≡cuted and compound death.	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Farm Hand		foreign country) 12. CITIZEN OF WHAT COUNTRY
e lingua di da di	13. FATHER'S NAME John Ward	14. MOTHER'S MAIDEN NA Ella Bogs	ME
ng physici remove 72 haurs	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wor or dates of service)		uster Gerson Rd Filish
the dmath he attendii hen please ent within	18. CAUSE OF DEATH [Enter only one couse per line for (PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
es that the d by the mit. The any even	DUE TO Candilians, if any, which) (b)	Plan	Time zweek
■quires an. sit perm nd in a	gave rise to immediate cause (a), stating the under-lying cause last.		
physicies been iol-transolos been iol-transolos	CATI	BUTING TO DEATH BUT NOT RELATED TO THE TERMIN.	AL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: T fending ificate I the bur	OR CONTRIBUTING LI CAUSE OF DEATH	OW INJURY OCCURRED. (Enter nature of injury in Pa	rt I ar Part II af item 18.)
PHYSIC al or at this cert r use as	20c. TIME OF INJURY Manih, Day, Year 20d. INJURY Manih, Day, Year 20d. INJURY While № p. m. 19	of while factory, street, affice bldg., etc.)	20f. (City or town) (County) (State
NDING e haspit : After ched fa urial, cr	21. I certify that I attended the deceased from	and that death accurred at 149	1 Chat I last saw the decease
R ATTE	ACTUAL SIGNATURE DE OS BENTOS		DORESS (Street, city or jown, state) DATE SIGNE SIGNE
RAL DIS should strar pr	PHYSICIAN'S G. Herbert	Sembly Ja	listing hed
O HOSP may be 1 O FUNERA poge 3 sh the registr	Burial Aug. 31, 1960	_	alisbury, Karyland (State)
VS A15 (4) 15M 9/5B	23. FUNERAL DIRECTOR'S SIGNATURE A Clinton F. Stewart	alily Inde DATESEP	8 '60 Cather 8, Krough

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

the death certificate be



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dence before admission)

9	770 DIVIS		TICAL RESEARCH	AND RECORDS — BALT TE OF DEATH	IMORE 1,		
1. PLACE OF DEATH o. COUNTY Wic	omico Count	y	MARYLAND	2. USUAL RESIDENCE (W o. STATE		d lived. If institution b. COUNTY	on: Res
b. CITY OR TOWN RURAL ond give n Sal	(If outside corporate limited rest town) isbury, Md. ITAL (If not in hospital, g	is, write c. LEN		c. CITY OR TOWN (IF	outside corpo	Pocomok	
	r's Head St	ate Hosp	ital	1914 yoldshale	Mardia	d 4646 F	RFD
3. NAME OF DECEASED (Type or print)	Fir MOL		Middle	Lost WATERMAN	4. DATE OF DEATH	Mon	th }
5. 5EX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH Feb. 1878		9. AGE (In years lost birthday) 82 yrs.	Mont.
10o. USUAL OCCUPATE during most of wo HOUSE	ION (Give kind of work rking life, even if retired W1fe	done 10b. KIND C	OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Store	or foreign o	ountry)	12.
3. FATHER'S NAME	lion A			14. MOTHER'S MAIDEN		ר וויות	

rycomico and give nearest town) City e. IS RESIDENCE ON A FARM? YES NO TO Day **Үвог** 19 60 DER I YEAR IF UNDER 24 HRS. Doys Hours CITIZEN OF WHAT COUNTRY? USA John ward FIIZabetu 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Tsabella wor or dates of service Outten. Marv No INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Bronchopneumonia, bilateral 6 days. MMEDIATE CAUSE (o) DUE TO gove rise to immediate DUE TO couse (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Month, Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) O. m. While Not while p. m. at work a ot work 8-30 19-60, that (I) (we) last 21. I certify that (I) (this hospital)/attended the deceased from... saw the deceosed olive br and that death occurred at M, from the couses and on the date stated above. 22o. SIGNATURE 22b. DATE MED. M. SIGNED ATTENDING 8-31-60 M.D. DIRECTOR PHYS. K 22c. PHYSICIAN'S 22d. ADDRESS Deer's Head State Hospital NAME (Type) Maldve 23c. NAME OF CEMETERY SOCKER AND TO BE DATE THEREO 23d. LOCATION (City, town, or county) BURIAL CREMATION. 23b. (Stote) Burial (Specify) Forest Lawn Norfolk. Virginia 24. FUNERAL DIRECTOR'S, SIGNATURE 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Pocomoke City. Md.

funeral director filed pe should filled Poges 72 hours ofter deoth completely papers. and o physician COL within remove event, attending pleose ony E the puo à os the buriof-tronsit permit. remayol, DIRECTOR: After this certificate has been signed by the hospitol or ottending physician 5 ta buriol, cremotion, 3 should be detoched for use prior Health page 3 should be the State Board of TO FUNERAL

ATTENDING PHYSICIAN: The low requires that the death certificate be executed

ofter deoth. Poge

VR A1S (4) 15M 9/59

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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777 CERTIFICATE OF DEATH

09748 Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLA	- 11	usual residence (v	Vhere deceased nd	d lived. If institut b. COUNTY	ion: Resider	ce before	admissi r	on)
1	b. CITY OR TOWN RURAL and give	(If outside corporate lim nearest town) Mardella S		O months	116	c. CITY OR TOWN (IF	outside corpo	rote limits, write l	RURAL ond	give neare	est town)	
0	d. NAME OF HOSP OR INSTITUTION	Maple Shad				d. STREET ADDRESS 22 Mui	r stree	et			IS RESI ON A YES	DENCE FARM? NO TO
	3. NAME OF DECEASED (Type or print)		rles	Middle Richard	đ	Willey	4. DATE OF DEATH	August		O Day		eor 9
	s. sex Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	_	NATE OF BIRTH		9. AGE (In years lost birthday) yrs.	Months	Days I	Hours	Min.
	Retired H	ION (Give kind of work orking life, even if retired ouse Painte:]	OF BUSINESS OR		Dorchest	er Cour		12. CIT	U.		DUNTRY?
	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN						
-		hard C. Wil		ordinary to		Elizabet	n Barbe					
	[Yes, no, or unknown]	EATH [Enter only one co	service)			RMANT Neward Hub	bard, 13		ry Ave	.,Car	mbri	dge
	Conditions, if gove rise to couse (a), stating lying cause lost	immediate DUE TO	0)			lirohe/					gre,	
,		THER SIGNIFICANT CON	IDITIONS CONTR	IBUTING TO DEAT	H BUT NO	T RELATED TO THE TERA	MINAL DISEASI	CONDITION GI	VEN IN PAI		PERFOR	NO
		AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE I	HOW INJURY OCC	CURRED. (Enter noture of injury in	Port I or Port	t (I of item 18.)				
	20c. TIME OF INJU Hour o. m. p. m.		While !	OCCURRED 20 Not while of work	0e. PLACE foctory	OF INJURY (Home, for r, street, office bldg., e	rm, 20f. (City	or town)	(County)		(State)
	9 7	hat I attended the ring &	1960		leath od	Scurred at 64	1 1	the couses or reet, city or town,	nd on the		tated	
	220. BURIAL, CREMATI REMOVAL (Specify Eurial	Aug.11.1		name of cemete		REMATORY Orial Park		ION (City, town,			(Stote	1
0	23, FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS Cambi		MA 24a. REC	C'D BY REGIST	RAR 24b. REG	STRAR'S SI			

and the state of t THREE PLANTS der tal som edition Marin and A. Company brown a second divide significant water and the second Without Abstract Co. puttled of the particular following transport The season of the second of the season of th decision of the second